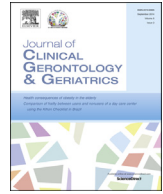




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Original article

Relationship between urinary incontinence and quality of life/depression in elderly patients

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ABSTRACT

Purpose: The aim of this study was to investigate the relationship between urinary incontinence (UI) and quality of life/depression in elderly patients.**Methods:** The study included a total of 109 elderly adults aged 65 years and older, consisting of 44 patients with and 65 patients without UI. Demographic data were recorded and UI was assessed using a questionnaire. The Standardized Mini-Mental State Examination was used to evaluate cognitive function. Depression status was assessed using the Yesavage Geriatric Depression Scale and quality of life was assessed using Short Form-36 (SF-36) Health Survey scoring.**Results:** The mean \pm standard deviation (SD) age of the elderly patients with UI was 80.06 \pm 6.25 years; 21 (47.7%) were women and the other 23 (52.3%) were men. The mean \pm SD visual analog scale score for the severity of UI was 6.22 \pm 0.85; the mean \pm SD number of diurnal voidings was 7.20 \pm 0.87 and the mean \pm SD number of nocturnal voidings was 3.81 \pm 0.97. The mean \pm SD depression score of elderly patients with UI was significantly higher than those without UI ($p < 0.0001$). There was a strong negative correlation between depression and UI ($p < 0.0005$; $r = -0.886$). Both the mental and physical scores of the SF-36 quality of life scale were significantly lower in elderly patients with UI than in those without ($p < 0.005$). An increased risk of depression (5.90-fold) was found in elderly patients with UI compared with those without UI. UI was found to cause a 0.037 point reduction in the physical component score and a 0.055 point reduction in the mental component score; these are statistically significant.**Conclusion:** UI in elderly adults leads not only the loss of physical abilities, but also to changes in their mental condition.Copyright © 2014, Asia Pacific League of Clinical Gerontology & Geriatrics. Published by Elsevier Taiwan LLC. Open access under [CC BY-NC-ND license](#).

1. Introduction

Urinary incontinence (UI) is defined as all types of disorder in which urine is lost in an uncontrolled manner. UI is a troubling and common disorder among geriatric patients.¹ It is estimated that 25–35% of all adults will experience UI during their lifetime.² The prevalence of UI is 16.4–49.7% in Turkey.³ In epidemiological studies it is reported that UI is seen from two to five times more

often in women than in men; UI rates increases linearly with age in both sexes.¹

UI causes sleep disorders, skin problems, limitations in physical activity, social isolation, and psychological problems.^{4,5} A limited number of studies that have examined the effects of UI on the elderly population also found negative effects on patients' physical, emotional, and social life.^{4,5} It has been shown that elderly patients with UI have a higher risk of falls and fractures.⁶ Although this common problem and the associated negative effects on quality of life can be successfully resolved with treatment, the prevention of UI has not received sufficient attention in Turkey or elsewhere in the world. To our knowledge, there are no studies investigating the relationship between UI, depression, and quality of life among elderly patients in Turkey. The aim of this study was to investigate the relationship between UI and quality of life/depression in elderly patients.

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2. Methods

2.1. Study sample

This was a descriptive and cross-sectional study. The study included 109 elderly patients aged 65 years and older. Informed consent was obtained from all patients and the study protocol was approved by the local ethics committee of our institution. The patients were assessed sequentially based on their presentation to the physical medicine and rehabilitation outpatient clinic. All patients were evaluated by face-to-face interview using a questionnaire. The data were collected by doctors and the study was completed within 1 year period.

The inclusion criteria for the patients in this study were as follows: aged 65 years and older; ability to cooperate; adequate cognitive function [a score of >26 on the Standardized Mini-Mental State Examination (SMMSE)]; and normal hearing function. The exclusion criteria included the following: patients with a urinary tract infection and patients with a previous history of surgery for incontinence.

The demographic data of the elderly patients (age, sex, marital status, educational status, and professional status), comorbidities, smoking habits (yes/no), and lifestyle status (lonely/with a partner/with a partner and children) were recorded. They were asked the following questions regarding their view of aging: (1) "How would you describe the aging process?"; (2) "Would you say it is a time of maturity and to be respected or that it gives you a sense of well-being or perfection?"; (3) "Do you consider yourself to be wealthy and relaxed?"; and (4) "Do you feel lonely, useless, abandoned, or fear impending death?". Their positive and negative answers were recorded.⁷

2.2. Determination of UI

A questionnaire was used to determine day- and night-time incontinence, the frequency of incontinence (every day, more than once a week, less than once a week, once a month), the amount of leakage (a few drops of wetting, wet inner clothing, wet outdoor clothing, domicile hydration), and the degree of effect of UI on their daily living activities (minor, mild, moderate, and significant). The severity of the incontinence was evaluated by visual analog scale (VAS).⁸

2.3. Instruments used in the study

2.3.1. SMMSE

The SMMSE was used to evaluate cognitive function and mental status (orientation, registration, attention, calculation, recall, language). It includes 11 items that can be easily used in daily practice. It is very suitable for screening cognitive function in elderly patients.⁹ The SMMSE allows the rapid scanning of cognitive function and is used widely in Turkey. A score of ≥ 26 points indicates normal cognition, 24–26 points indicates mild cognitive impairment, and <24 points signals dementia.¹⁰ The validity and reliability of the SMMSE for the Turkish population has been reported by Güngen et al.¹¹

2.3.2. Yesavage Geriatric Depression Scale

The Yesavage Geriatric Depression Scale, a self-reported measure, was used to evaluate depression. It consists of 30 questions with yes/no answers. On the scale, an answer in favor of depression scores 1 point for each response; the other answer is given 0 points. The total depression score is considered as the result. Scores of 0–10 are considered "no depression", 11–13 points indicate "possible depression", >14 points and higher indicate "definite depression".

The validity and reliability of the Geriatric Depression Scale for elderly Turkish patients has been reported by Ertan et al.¹²

2.3.3. Short Form-36 quality of life scale

The Short Form-36 (SF-36) form was used to evaluate quality of life.¹³ The validity and reliability of the Turkish version was determined by Koçyiğit et al.¹⁴ using the method developed by Ware. The SF-36 quality of life scale is a multipurpose, short form health survey containing 36 questions. It yields an eight-scale profile of physical function (PF; 10 items), physical role dysfunction (PRD; 4 items), role of mental status (RMS; 3 items), mental health (MH; 5 items), vitality/energy (V/E; 4 items), pain (2 items), general health (GH; 5 items), and social function (SF; 2 items).¹³ Subscales award health points of 0–100, with 100 indicating the best state of health. Each subscale score can give a separate result. Calculation of the total scores of the scale was not feasible. In this study, the scores of eight components and the total physical health component scores and total MH component scores were used.

2.4. Statistical analysis

The data were analyzed using SPSS for Windows, version 20.0 (SPSS Inc., Chicago, IL, USA). Descriptive statistics were used to evaluate the demographic data for each group. The Chi-square test or Fisher's exact test were used to compare the distribution of categorical variables in elderly patients with and without UI. An independent sample *t* test was used to analyze the differences in continuous variables between the two groups. The two subgroups (with a partner and with a partner/child) of the lifestyle parameter were combined and the Chi-square test was conducted to evaluate the three groups. Pearson correlation analysis was performed to assess the relationship between UI and quality of life/depression.

UI was accepted as a dependent variable and age was accepted as an independent variable. Logistic regression analysis was performed. The relative risk for depression in elderly patients with UI was calculated. To evaluate the effect of UI on the quality of life scores, a model was created that accepted UI as an independent variable; the physical and mental scores were accepted as dependent variables and linear regression analysis was performed. The level of statistical significance was accepted as $p < 0.05$.

3. Results

3.1. Characteristics of elderly patients with and without UI

The study included 109 elderly patients: 58 (53.2%) women and 51 (46.8%) men, with a mean \pm standard deviation (SD) age of 73.98 ± 7.88 years. Of the study group, 40.4% ($n = 44$, mean age = 72.93 ± 7.83 years) had UI and 59.6% ($n = 65$, mean age = 75.52 ± 7.77 years) did not have UI. The difference between the two groups with respect to mean age was not statistically significant ($p = 0.093$). The demographic characteristics of the elderly patients with or without UI are summarized in Table 1. The two groups were statistically similar with respect to demographic characteristics ($p > 0.05$). The responses of the elderly patients with UI to the question of their view of aging were negative, whereas the responses of the elderly patients without UI were positive ($p < 0.05$). Elderly patients without UI were statistically more likely to be living with a partner or child.

3.2. Characteristics of incontinence in elderly patients with UI

The frequency of UI, the amount of missed urine, the influence on activities of daily living, and the severity of the incontinence in the elderly patients with UI are given in Table 2. Eight (18.2%) patients

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