

The impact of own and spouse's urinary incontinence on depressive symptoms

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Abstract

This study investigated the impact of own and spouse's urinary incontinence on depressive symptoms. Attention was paid to the possibility that gender and caregiving might be important factors in understanding significant effects. We used negative binomial regression to analyze survey data for 9974 middle-aged and older respondents to the Health and Retirement Study in the USA. Results supported the hypothesis that the respondents' own urinary incontinence was associated with depressive symptoms (unadj. IRR = 1.73, 95% CIs = 1.53, 1.95 for men; unadj. IRR = 1.50, 95% CIs = 1.38, 1.63 for women). Controlling sociodemographic and health variables reduced this relationship, but it remained statistically significant for both men and women. Having an incontinent wife put men at greater risk for depressive symptoms (unadj. IRR = 1.13, 95% CIs = 1.02, 1.25), although this relation became nonsignificant with the addition of control variables. No relation between women's depressive symptoms and husbands' (in)continence status was found. Caregiving was not a significant variable in the adjusted analyses, but spouses' depressive symptoms emerged as a significant predictor of the respondents' own depressive symptoms. Health care providers must be sensitive to the emotional impact of urinary incontinence. Our findings also suggest the importance of considering the patient's mental health within a wider context, particularly including the physical and mental health of the patient's spouse.

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The impact of urinary incontinence on one's own emotional health is increasingly apparent. A growing literature shows the association between involuntary urine loss and indicators of psychological distress or

subjective burden (e.g., Chiverton, Wells, Brink, & Mayer, 1996; Fultz et al., 2003; Herzog, Fultz, Brock, Brown, & Diokno, 1988; Nygaard, Turvey, Burns, Crischilles, & Wallace, 2003). The effect of urinary incontinence on the emotional health of spouses, in general, and spousal caregivers, in particular, has been relatively neglected, however (Cassells & Watt, 2003). Although incontinence may necessitate substantial caregiving time (Langa, Fultz, Saint, Kabeto, & Herzog, 2002), it is not clear whether or not this is perceived as a psychological burden. Caregiving can be a stressful experience (Thommessen et al., 2002), but there is also the possibility of deriving emotional benefits (Cohen, Colantonio, & Vernich, 2002).

More generally, there is a growing awareness that physical and mental health outcomes are best understood within a social context that includes the partner's characteristics (and other environmental indicators) in addition to those of the focal person. For example, Monden and colleagues concluded that the partner's education has an effect on the respondent's health behavior that is independent of the respondent's own education (Monden, van Lenthe, De Graaf, & Kraaykamp, 2003). Other studies have suggested that spouses' affective or emotional states are correlated and are best understood using a dyadic approach that considers both individual-level variables (of both partners) plus characteristics of the relationship/household (Goodman & Shippy, 2002; Townsend, Miller, & Guo, 2001). Findings of concordance in partners' health outcomes might be explained through selection of spouse, shared health behaviors, mutual social support, and pooled financial resources (Peek & Markides, 2003).

Another gap in the literature on urinary incontinence and emotional health concerns men's experiences with involuntary urine loss. Although a few reports include both men and women (e.g., Dugan et al., 2000; Fultz & Herzog, 2001), or men exclusively (e.g., Hunskaar & Sandvik, 1993), the majority of studies of urinary incontinence have focused on women. This is despite evidence that the majority of incontinent men have leakage associated with an urgency to void (Diokno, Brock, Brown, & Herzog, 1986), which may be the more debilitating type of urinary incontinence symptoms (Wyman, 1994). The relatively unpredictable nature of urge symptoms might explain their greater effect; illness controllability appears to be an important variable in understanding the psychological status of older people with chronic disease (Penninx et al., 1996).

Appropriately, a recent editorial called for "bridging the gender gap" in research on urinary incontinence and noted, "the effect of gender on urinary incontinence in older adults remains relatively ignored... Data examining the specific psychological impact of urinary incontinence on men is lacking" (Wilson, 2003). Many older adults view urinary incontinence as a common con-

sequence of childbirth, which tends to "normalize" the condition for women (Umlauf, Goode, & Burgio, 1996), but which, for the same reason, may make it particularly unsettling for men. In a study of the effects of urinary incontinence on quality of life, the percentage of incontinent men reporting that their sex life had been impaired exceeded that of incontinent women (Temml, Haidinger, Schmidbauer, Schatzl, & Maderbacher, 2000). Another study found that incontinent men, compared to incontinent women, reported more restrictions on their social activities (Fultz & Herzog, 2001).

The article that prompted Wilson's (2003) commentary reported on gender differences in the effect of urinary incontinence on admission to long-term care facilities. Analysis of data from the Tampere Longitudinal Study of Aging showed that urge urinary incontinence, age, and depressive symptoms were independent predictors of institutionalization for men, whereas age and living alone were independent predictors for women (Nuotio, Tammela, Luukkaala, & Jylha, 2003). The authors noted that the stronger effect of urinary incontinence for men was consistent with findings from an earlier study of incontinence as a risk factor for hospitalization and nursing home admission (Thom, Haan, & Van den Eeden, 1997). Similarly, another study found that incontinent men received significantly more hours of informal care than did incontinent women, after adjusting for co-morbid illness, sociodemographic characteristics, and living situation (Langa et al., 2002).

Our present analysis addresses several issues raised by this review. We used a large sample of middle-aged and older couples from the Health and Retirement Study to investigate the impact of own and spouse's urinary incontinence on depressive symptoms. Given prior findings from the urinary incontinence, depression, and caregiving literatures, we hypothesized that: (1) incontinent respondents will report higher levels of depressive symptoms, compared to continent respondents; and (2) respondents with incontinent spouses will report higher levels of depressive symptoms compared to respondents with continent spouses. In addition, we explored whether providing informal care for one's spouse modified the above relations regarding urinary incontinence and depressive symptoms, and whether there were differences in these relations for men and women.

Methods

Data

The data for these analyses come from the 2000 wave of the Health and Retirement Study. The Health and Retirement Study is an on-going panel survey of middle-aged and older adults in the United States, conducted by

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