

Role of Gender in the Quality of Life and Functional Status in Stroke Patients with Urinary Incontinence

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gender; incontinence;
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ABSTRACT

Objective: This study aimed to evaluate the role of gender in the impact of urinary continence (UI) on the quality of life and physical functioning in stroke patients with UI.

Methods: This study included 128 stroke patients (64 male, 64 female) with UI and was conducted in the inpatient and outpatient clinics of a public rehabilitation hospital in June, July, and August 2018. Patients were asked to fill a structured questionnaire for collection of demographic data and incontinence properties, SF-36 for evaluation of quality of life, and Barthel Index for evaluation of functional capacity.

Results: Mean ages of the male and female patients included in the study were 62 ± 15.33 and 58.77 ± 16.10 years, respectively. There was no statistically significant difference between genders for UI frequency, urine quantity, materials used for UI, and application to a health-care institute for UI ($p > 0.05$). Use of sanitary pads for UI was associated with decreased quality of life ($p < 0.05$). There was a statistically significant difference between UI frequency and the “Physical Health” and “Mental Health” subdimension scores of SF-36 ($p < 0.05$).

Conclusion: Independent of gender, UI negatively affects the quality of life and social, work, and family life in stroke patients.

INTRODUCTION

After cardiovascular disease and malignancy, stroke is the third cause of death in developed countries. It is of great importance in terms of public health as it is associated with a high mortality risk.^[1,2] Post-stroke urinary incontinence (UI) and other urinary problems are common.^[3] UI has been defined as “involuntary loss of urine that may cause a social and hygienic problem” by the International Continence Society (ICS).^[4]

Although UI is not a vital issue, it significantly decreases an individual's quality of life due to wetness and irritation. In addition, problems caused by UI may prevent the individual from fulfilling his/her physical functions. An individual with UI may face difficulty in maintaining daily living activities, such as feeding, bathing, dressing, and moving, and may ultimately become more dependent on his/her environment.^[5-10]

When the incontinence complaint period in females is prolonged, incidence rates of various emotional disorders, such as shame, social isolation, anxiety, deterioration in body image, depression, and guilt, are reportedly increased more than in males, and this situation adversely affects the quality of life and physical function of the individual.^[11-13]

Our research study was planned to determine the role of gender in the impact of UI on the quality of life and physical function in stroke patients.

MATERIAL AND METHODS

This study was performed prospectively in 128 patients (64 male, 64 female) who had been admitted to a public rehabilitation hospital between June 2018 and August 2018 and had been diagnosed with UI. No randomization technique was used and local ethics committee approval was obtained. After the demographic characteristics of the patients were recorded, SF-36,^[14,15] Barthel Index^[16,17] for functional status, and structured questionnaire were used to evaluate the clinical characteristics of the patients. The structured questionnaire was prepared in accordance with literature, and in addition to socio-demographic data, such as age, gender, marital status, and economic status, there were 33 questions to measure clinical characteristics of the disease, such as risk factors for UI, general health perception, health control information, and current chronic diseases (Appendix-1). Mentally healthy patients aged > 18 years with the diagnosis of stroke and UI were included in the study.

Statistical analysis

For statistical analysis, percent distributions, Student's t-test, Pearson chi-square test, Mann–Whitney U test, and multiple linear analysis were performed using NCSS (Number Cruncher Statistical System) 2007 statistical software (NCSS LLC, Kaysville, Utah, USA) program. $p < 0.05$ was evaluated as significant.

RESULTS

Gender-specific descriptive characteristics of 128 patients (64 male, 64 female) are presented in Table 1.

When UI was evaluated based on gender, more than half of the patients (50.8%) were found to have incontinence requiring continuous diaper use.

Regarding the relationship between Barthel Index and SF-36 subscale scores, the “Physical Health” and “Mental Health” subdimension scores of SF-36 were significantly correlated with the Barthel Index scores. The relevant details are presented in Table 3.

There was no statistically significant difference related to gender in the Barthel Index scores of the patients (Table 4).

When SF-36 subscale analysis was performed based on gender, no statistically significant difference was found (Table 5).

Regarding UI frequency, no statistically significant differences were found between the patient's age and educational status and the number of births in female patients ($p > 0.05$).

Regarding the distribution of pregnancies and births in female patients, no statistically significant relationship be-

tween the number of vaginal deliveries and UI incidence in females who participated in the study ($p > 0.05$) was found. Based on the educational status and the number of births in female patients, no statistically significant difference between the “Physical Health” and “Mental Health” subdimension scores of SF-36 was detected ($p > 0.05$).

Based on the demographic characteristics of the patients and SF-36 scores, no statistically significant relationship between the age of the patients and the “Physical Health” subdimension scores of SF-36 was found ($p > 0.05$), whereas a significantly negative relationship (mental health scores decreased with increasing age) was found between the demographic characteristics and the “Mental Health” subdimension scores ($p < 0.05$).

According to the results of the Post-Pock test performed to determine the difference, “Physical Health” and “Mental Health” subdimension scores of the patients who experienced monthly UI were significantly higher than those with a UI frequency of ≥ 2 times per month ($p < 0.01$).

There was a statistically significant difference between the scores obtained from the “Physical Health” and “Mental Health” subdimension scores of SF-36 according to the amount of urine loss during incontinence ($p < 0.01$). According to the results of the Post-Pock test, “Physical Health” and “Mental Health” subdimension scores of patients with a mild amount of involuntary urine loss were found to be significantly higher than in those with severe incontinence ($p < 0.01$).

Based on the methods used in case of incontinence, there was a statistically significant difference between the “Physical Health” and “Mental Health” subdimension scores of the patients ($p < 0.05$). According to the results of the Post-Pock tests to determine the differences between “Physi-

Table 1. Distribution of descriptive characteristics according to the patients' gender

		Gender		Total	p
		Female	Male		
Age	Mean \pm SD	62.98 \pm 15.33	58.77 \pm 16.10	60.88 \pm 15.80	^a 0.132
	Minimum-maximum (median)	20–85 (63)	20–88 (62)	20–88 (63)	
Marital status	Married	37 (57.8)	45 (70.3)	82 (64.1)	^c 0.020 ^b
	Single	4 (6.3)	10 (15.6)	14 (10.9)	
	Widowed	20 (31.3)	8 (12.5)	28 (21.9)	
	Divorced/separate	3 (4.7)	1 (1.6)	4 (3.1)	
Education	Illiterate	22 (34.4)	12 (18.8)	34 (26.6)	^c 0.200
	Primary	27 (42.2)	30 (46.9)	57 (44.5)	
	Secondary-lycée	12 (18.8)	16 (25)	28 (21.9)	
	University and above	3 (4.7)	6 (9.4)	9 (7)	
Work occupation	Unemployed	25 (39.1)	6 (9.4)	31 (24.2)	^c 0.001 ^{**}
	Worker	1 (1.6)	4 (6.3)	5 (3.9)	
	Civil servant	2 (3.1)	1 (1.6)	3 (2.3)	
	Self-employed	16 (25)	18 (28.1)	34 (26.6)	
	Retired	20 (31.3)	35 (54.7)	55 (43)	

^aStudent t-test; ^bFisher–Freeman–Halton test; ^c $p < 0.05$; ^{**} $p < 0.01$. SD: Standard deviation.

Table 2. Distribution of urinary incontinence and related characteristics

	Gender		Total	p
	Female	Male		
Frequency of urinary incontinence	10 (15.6)	11 (17.2)	21 (16.4)	^a 0.666
Once a month \geq 2 times a month	19 (29.7)	23 (35.9)	42 (32.8)	
Requiring continuous use of diapers	35 (54.7)	30 (46.9)	65 (50.8)	
Volume of urine leakage				^a 0.601
Small	15 (23.4)	18 (28.1)	33 (25.8)	
Moderate	21 (32.8)	16 (25)	37 (28.9)	
Serious	28 (43.8)	30 (46.9)	58 (45.3)	
What is done in case of urine leak?				^a 0.456
Use of sanitary pads	39 (60.9)	34 (53.1)	73 (57.0)	
Change of underwear after each urine leak	11 (17.2)	17 (26.6)	28 (21.9)	
Use of a urinary catheter	6 (9.4)	8 (12.5)	14 (10.9)	
Use of towels/napkins	8 (12.5)	5 (7.8)	13 (10.2)	
Urinary Incontinence application to any healthcare center due to incontinence				^a 0.722
Yes	35 (54.7)	37 (57.8)	72 (56.3)	
No	29 (45.3)	27 (42.2)	56 (43.8)	

^aPearson chi-square test.

Table 3. Distribution of the relation between Barthel Index and SF-36 subscale scores

	Barthel Index	
	r	p
Physical health score	0.423	0.001**
Physical function	0.609	0.001**
Role difficulty	0.245	0.005**
Pain	0.250	0.004**
General health	0.202	0.023*
Mental health score	0.264	0.003**
Vitality	0.198	0.025*
Social function	0.300	0.001**
Emotional role difficulty	0.145	0.103
Mental health	-0.009	0.916

r=Spearman's correlation coefficient; *p<0.05; **p<0.01.

cal Health" and "Mental Health" subdimension scores of patients using sanitary pads were found to be significantly lower than of those using towel napkins (p<0.05).

DISCUSSION

Involuntary urine loss after stroke is an important symptom that can be seen at any age and affects the individual physically, socially, psychologically, and economically.^[18,19] In our study, UI incidence, the amount of urine loss, and materials used for urine loss were not significantly different between genders (p>0.05) because there is no significant difference between age and education status of both groups. However, it can also be caused by the parallelism of the complications due to stroke.

Table 4. Evaluation of Barthel Index total score based on the patients' gender

	Gender		p
	Female (n=64)	Male (n=64)	
Barthel			
Min-Max (Median)	0–100 (35)	0–100 (35)	^a 0.593
Mean \pm SD	40.39 \pm 26.30	39.38 \pm 31.38	

^aMann-Whitney U Test. No statistically significant difference was detected between genders for Barthel Index scores (p>0.05). SD: Standard deviation.

In several studies on UI, mean age of patients with UI is generally \geq 50 years.^[20,21] In our study, mean ages of both genders (females, 62 \pm 15.33 years and males, 58.77 \pm 16.10 years) was compatible with the literature.

In our study, mild, moderate, and serious amounts of urine leakage were found in 25.8%, 28.9%, and 45.3% of patients, respectively. In a previous study on patients without any neurological deficit related to stroke, Hannestad et al.^[22] detected mild, moderate, and severe UI in 24%, 31%, and 44% of their female patients aged \geq 60 years. Bilgili et al.^[5] reported mild, moderate, and severe UI in 44%, 50.2%, and 24.5% of their patients. In various studies, data on UI severity were not evaluated using the same scale and were given at wide intervals when defining the amount of urine loss. The large scale in data collection methods can be caused by the differences in the study areas and study data collection methods.

In their study on 229 patients, Kök et al.^[23] found that 41.17% of patients with UI used only sanitary pads, whereas 58.8% changed their underwears. In our study,

Table 5. Evaluation of SF-36 subdimension Scores based on the patients' gender

		Gender		p
		Female (n=64)	Male (n=64)	
Physical health score	Min-Max (Median)	7.5–79.25 (30.38)	10–85.5 (33.25)	^b 0.168
	Mean±SD	32.59±16.06	37.28±18.52	
Physical function	Min-Max (Median)	0–80 (2.5)	0–100 (10)	^b 0.151
	Mean±SD	15.08±21.09	19.06±22.99	
Role difficulty	Min-Max (Median)	0–100 (0)	0–100 (0)	^b 0.078
	Mean±SD	13.28±32.72	22.27±38.35	
Pain	Min-Max (Median)	0–110 (52)	10–90 (62)	^a 0.081
	Mean±SD	50.97±27.49	58.81±22.76	
General health	Min-Max (Median)	12–87 (50)	5–92 (51)	^a 0.952
	Mean±SD	50.73±15.86	50.92±19.48	
Mental health score	Min-Max (Median)	11–92.5 (38.75)	10.88–92.75 (41.38)	^a 0.603
	Mean±SD	43.43±18.53	45.16±18.85	
Vitality	Min-Max (Median)	0–100 (42.5)	5–95 (40)	^a 0.593
	Mean±SD	45.63±24.82	43.44±21.23	
Social function	Min-Max (Median)	0–100 (37.5)	0–100 (50)	^b 0.147
	Mean±SD	42.58±30.02	50.98±32.53	
Emotional role difficulty	Min-Max (Median)	0–100 (0)	0–100 (0)	^b 0.528
	Mean±SD	21.35±39.11	23.44±39.25	
Mental health	Min-Max (Median)	16–100 (60)	16–100 (62)	^a 0.507
	Mean±SD	63.94±18.92	61.81±17.19	

^aStudent t-Test; ^bMann Whitney U Test. Patients' scores obtained from "Physical Health", "Physical Function", "Role Difficulty", "Pain", "General Health", "Mental Health", "Vitality", "Social Function", and "Emotional role Difficulty", subdimensions of SF-36 did not demonstrate statistically significant differences between genders ($p>0.05$). SD: Standard deviation.

when the patients were verbally questioned about the reason underlying their use of a sanitary pad, it was found that more than half of the patients could not go to the toilet frequently because of their inability to move due to stroke.

In our study, no statistically significant difference was found between female and male patients in the frequency of applying to a healthcare institution due to UI. In a study, Lie et al. determined that female patients received less professional help than males, and this was associated with older age and low education status.^[16] In our study, no statistically significant difference was found between age and education status of female and male patients ($p>0.05$). In addition, it was found that most patients (51.8%) who did not apply to a healthcare institution due to UI perceived the symptoms to be mild. Many studies showing similarities with our study reported that most patients did not consider UI complaints to be a health issue.^[9,24]

Based on patients' gender, there was no statistically significant difference between SF-36 and Barthel Index scores ($p>0.05$). In our study, no difference was found between male and female patients, and this may be related to the lack of statistically significant differences between patients in terms of age, education status, and scores obtained. In addition, revelation of this fact shows that our study was conducted with an adequate sample size.

The number of births and delivery methods have been included as the etiologic factors of UI.^[12] Although not statis-

tically significant ($p>0.05$), Terzi et al.^[25] and Yılmaz et al.^[26] have found that UI prevalence was higher in females who had vaginal delivery than those who did not. These studies report that UI incidence increases due to the increase in the number of births, which causes atrophy of the nerves of the pelvic muscles. The conclusion of our study does not coincide with that of previous studies in literature because the patients with UI did not have urge incontinence and had a problem with timely access to the toilet due to the damage of the centers that manage the urinary storage and voiding functions in the brain caused by stroke which is not related to the mode of delivery of the patients and the decrease in walking capacity of some patients.

In our study, it was found that quality of life of patients with IU was adversely affected as the patients aged. Many studies have reported that UI, a condition which worsens with advancing age adversely affects the quality of life of the patients, decreases the patients' confidence, and causes a decrease in their social activities which isolates the patients from social life.^[12,16,17] In fact, Kelleher,^[27] Aylaz et al.^[28] reported that the quality of life of older females with UI is lower.

According to the educational status, there was no statistical difference between the SF-36 scores of the patients. As education status increases, quality of life scores increase in all cases. In previously conducted studies, the quality of life reportedly increases parallel to higher education status.^[28,29]

Since UI is a social and a medical condition, it negatively affects the quality of life.^[12,30] In this study, the quality of life scores of the patients with UI were significantly higher than those requiring continuous diaper use ($p<0.05$). In fact, Hunskaar and Visnes examined the quality of life of patients with UI and reported that quality of life was adversely affected by increased UI incidence.^[31]

In our study, the quality of life scores of the patients with small amounts of urine leakage were found to be significantly higher than those with serious UI ($p<0.01$). In the study by Demir and Erbesler, a significantly negative correlation was found between the quality of life and amount of involuntary loss of urine of females with UI.^[32] In addition, there was a statistically significant difference between the use of sanitary pads and quality of life ($p<0.05$). Parallel to our findings, Kocak et al.,^[33] and Aslan et al.^[34] reported that patients with UI who used sanitary pads had a lower quality of life.

Limitations

In our study, no randomization technique was used for patient selection, and the reported amount of involuntary urine loss was not measured in milliliters using any measurement system, but was that as declared by the patients.

CONCLUSION

In this study, the role of gender in the impact of UI on the quality of life of stroke patients was investigated, and it was determined that, independent of gender, UI negatively affects the quality of life, and the physical, social, home, work, and family life of the patients.

Ethics Committee Approval

Approved by the local ethics committee (date: 09.05.2018, no: 73).

Peer-review

Internally peer-reviewed.

Authorship Contributions

Concept: B.B.K., S.S.; Design: B.B.K., S.S.; Data collection &/or processing: B.B.K., S.S.; Analysis and/or interpretation: B.B.K., S.S.; Literature search: B.B.K., S.S.; Writing: B.B.K., S.S.; Critical review: B.B.K.

Conflict of Interest

None declared.

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İnmede Üriner İnkontinansın Yaşam Kalitesi ve Fonksiyonel Duruma Etkisinde Cinsiyetin Rolü

Amaç: Bu çalışma inmeli hastalarda görülen üriner inkontinansın (Üİ) yaşam kalitesi ve fiziksel fonksiyona etkisinde cinsiyetin rolünü belirlemek amacıyla yapılan tanımlayıcı bir çalışmadır.

Gereç ve Yöntem: Haziran–Ağustos 2018 tarihleri arasında bir kamu fizik tedavi ve rehabilitasyon hastanesinde yatan ve polikliniğe başvuran, inme ve Üİ tanısı almış 64’ü kadın, 64’ü erkek olmak üzere toplam 128 hasta ile yapıldı. Veriler yapılandırılmış soru formu, SF-36 yaşam kalitesi ölçeği ve Barthel İndeksi ile toplandı.

Bulgular: Çalışmada yer alan hastaların yaş ortalaması, kadın 62 ± 15.33 , erkek 58.77 ± 16.10 yıl idi. Üİ sıklığı, kaçırılan idrar miktarı, idrar kaçırma durumunda ne kullanıldığı ve Üİ nedeniyle bir sağlık kurumuna başvurmada cinsiyetlere göre anlamlı bir fark bulunmazken ($p > 0.05$) hastaların ped kullanma durumları ile yaşam kalitesi arasında istatistiksel olarak anlamlı fark saptandı ($p < 0.05$). Üİ ve ilgili bazı özelliklere göre SF-36 Yaşam Kalitesi Ölçeği alt boyutlarından alınan puanlara bakıldığında; Üİ sıklığına göre olguların SF-36 Yaşam Kalitesi Ölçeği “Fiziksel Sağlık” ve “Mental Sağlık” alt boyutundan aldıkları puanlar arasında istatistiksel olarak anlamlı farklılık saptandı ($p < 0.05$).

Sonuç: Bu çalışmada Üİ’nin inmeli hastanın yaşam kalitesini etkilemesinde cinsiyetin rolü olup olmadığı araştırılmış ve Üİ’nin cinsiyetten bağımsız olarak hastaların yaşam kalitesini, fiziksel, sosyal, ev, iş ve aile yaşantısını olumsuz yönde etkilediği belirlenmiştir.

Anahtar Sözcükler: Barthel indeksi; cinsiyet; inkontinas; inme; SF36.