

FEMALE URINARY INCONTINENCE: COMPARISON OF QUALITY OF LIFE IN PREMENOPAUSAL AND POSTMENOPAUSAL PERIOD

Hypothesis / aims of study

To compare the quality of life (QoL) of incontinent women in the reproductive age / premenopausal (G1) with those in postmenopausal (G2) period.

Study design, materials and methods

A comparative study that involved women with complaints of UI. Women who have previously held conservative or surgical treatment for UI, which were performing hormone replacement therapy, pregnant women with a history of neurological, urinary fistulas and / or neobladder were excluded. Clinical, socio-demographic, obstetrics and gynecological antecedents were collected. The QoL was evaluated by King's Health Questionnaire (KHQ) and the pelvic floor evaluation was conducted by digital palpation. For categorical variables, the chi-square and McNemar test was used. To compare QoL domains, Mann-Whitney and t Student test were employed for analysis.

Results

103 women were enrolled and 17 were excluded (1 neobladder ileal tissue, 1 neurological disease and 15 pregnant women). Of the 86 women included, 36 were premenopausal women (G1) with a mean age of 42.9 (\pm 7.4) years and 50 women were postmenopausal (G2) with a mean age of 61.6 (\pm 9.3) years ($p < 0.01$). There was no difference in other clinical, socio-demographic or obstetrics antecedents. The G2 showed significantly more nocturia ($p = 0.0057$), urgency incontinence ($p = 0.0061$) and enuresis (0.0021) symptoms and, G1 more bladder pain and urinary difficulty. The domains of KHQ showed statistical differences in general health perception and emotions (G1 26.4 \pm 16.8 versus G2 38.0 \pm 16.2; $p = 0.0019$) and emotions (G1 15.1 \pm 31.3 versus G2 38.9 \pm 37.5; $p = 0.0051$). The force of contraction of the AP showed no significant difference ($p = 0.9318$) between groups, with mostly grade 1, which is considered weak.

Interpretation of results

UI affects negatively the women's QoL. Menopausal women showed higher impact on the QoL in domains related to general perception of health, emotions and presented more symptoms of nocturia, urgency incontinence and enuresis.

Concluding message

The impact of these symptoms in every woman's life is closely connected to the individual perception across the severity, type and amount of urine loss, besides the cultural context they are inserted. The discomfort of UI in women daily, the health professional must be engaged in assessing QoL in clinical practice as it will increasingly be a key to direct, sustain and justify surgical or conservative treatment interventions parameter. Such information is useful to outline strategies for prevention and comprehensive and humane treatment for alleviate the impact of UI on various aspects of QOL. Thus, the professional must always be alert to ensure the self-esteem and decrease the negative aspects of UI in the personal, physical and social relationships, independent of the hormonal status of the patient.

Disclosures

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