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ORIGINAL ARTICLE

Urinary Incontinence and Related Quality of Life Among Elderly Men

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ABSTRACT

Introduction:Urinary Incontinence (UI)the complaint of any involuntary leakage of urine-is common in women that increases with age and may decrease quality of life

Objective:The main objective of the study is to find the urinary incontinence (UI) and related quality of life among elderly men.Material and methods: This cross-sectional study was conducted at Urology Poonch Medical College Rawalakot Azad KashmirDuring May to September 2021. 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

Results: The study included 109 elderly patients and mean age of patients was 73.98 ± 7.88 years. Of the study group, 40.4% had UI and 59.6% did not have UI. The difference between the two groups with respect to mean age was not statistically significant (p = 0.093).

Practical implication: UI is coomon among older men so this study will helps us to improve the quality of life.

Conclusion: It is concluded that UI is common among older men and is associated with worse QoL. Health care professionals should discuss UI with older men.

Keywords: Quality of life, UI, Health care, WHO, Individuals, Population,

INTRODUCTION

Urinary incontinence (UI)the complaint of any involuntary leakage of urine-is common in women that increases with age and may decrease quality of life. Subsequently, UI is perhaps of the most well-known disorder in advanced age, and contingent upon various populaces, its predominance has been accounted for between 2.8% in Nigeria and 57.7% in Iran [1] The World health organization (WHO) has distinguished the UI as one of the needs in the wellbeing field as effects the personal satisfaction of more seasoned individuals since it influences various parts of life and prompts mental, physical, and social outcomes. Negative mental impacts of UI incorporate uneasiness, stress, disappointment, strain and stress, terrible attitude, low confidence, and fearlessness [2] The commonness of melancholy and uneasiness among individuals with UI is accounted for to be around 20-40% and 56%, separately. As per past examinations, the UI commonness among more seasoned grown-ups has been assessed somewhere in the range of 30 and 70%[3]. The UI pervasiveness is different in various areas of Iran so the predominance of this condition in the Iranian female local area is accounted for somewhere in the range of 20 and 60%, this wide reach can be credited to the philosophy or the age scope of the members in various examinations[4].

Current therapies for UI incorporate conduct (eg, bladder preparing, liquid control, planned toileting, pelvic muscle works out), pharmacological, and careful mediations, utilized either alone or in mix. Conduct procedures are presently right now suggested as first-line treatment in the treatment of UI[5] Conduct intercessions are generally moderately reasonable and simple to execute, yet the viability primarily relies upon the patient's adherence. When nonpharmacologic intercessions have fizzled, drug treatment can be anoption. The viability of more established drugs, like quick delivery (IR) oxybutynin, isn't good, part of the way due to unfortunate consistence because of unfriendly events(AEs). The new age of pharmacological medicines, for example, expanded release(ER) tolterodine and trans dermaloxybutyn in, give better or tantamount adequacy, however with less AEs[6]. Albeit careful mediations are utilized in just the most unmanageable instances of desire UI, they are all the more usually utilized in the treatment of stress UI[7].

UI causes rest issues, skin issues, impediments in actual work, social confinement, and mental issues. A predetermined number of studies that have inspected the impacts of UI on the old populace likewise found pessimistic consequences for patients' physical, personal, and public activity[8]. It has been shown that old patients with UI have a higher gamble of falls and breaks. Albeit this normal issue and the related adverse consequences on personal satisfaction can be effectively settled with treatment, the anticipation of UI has not gotten adequate consideration in Turkey or somewhere else on the world[9].

Significance and Research Gap: The main siginificance of this study is to improve the quality of life in UI patients which is very common among male older adults.

Objectives: The main objective of the study is to find the urinary incontinence (UI) and related quality of life among elderly men.

MATERIAL AND METHODS

This cross sectional study was conducted at Urology Poonch Medical College Rawalakot Azad Kashmir during May to September 2021..

Data Collection: 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.

Sample Collection: The patients were evaluated successively founded on their show to the actual medication and recovery short term facility. All patients were assessed by eye to eye interview utilizing a poll. The consideration models for the patients in this study were as per the following: matured 65 years and more seasoned; capacity to participate; sufficient mental capability; and typical hearing capability. The prohibition rules incorporated the accompanying: patients with a urinary parcel contamination and patients with a past history of medical procedure for incontinence. The segment information of the older patients (age, sex, conjugal status, instructive status, and expert status), comorbidities, smoking propensities (yes/no), and way of life status (desolate/with an accomplice/with an accomplice and kids) were recorded. A survey was utilized to decide constantly time incontinence, the recurrence of incontinence (consistently, at least a few times per week, not exactly one time each week, one time each month), how much spillage (a couple of drops of wetting, wet inward dress, wet open air clothing, home hydration), and the level of impact of UI on their day to day residing exercises (minor, gentle, moderate, and

critical). The seriousness of the incontinence was assessed by visual analog scale(VAS).

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 categoric variables in elderly patients with and without UI.

RESULTS

The study included 109 elderly patients and mean age of patients was 73.98 ± 7.88 years. Of the study group, 40.4% had UI and 59.6% 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 ($p > 0.05$).

Table 1: Demographic characteristics of elderly patients with and without urinary incontinence.

	Urinary incontinent	Urinary continent	p
Educational status			
Illiterate	18 (40.9)	35 (53.8)	0.185
Literate	26 (59.1)	30 (46.2)	
Professional status			
Active	3 (7.1)	3 (4.6)	0.579
Non-active	39 (92.9)	63 (61.4)	
Comorbidity			
1 chronic illness	33 (75)	37 (56.9)	0.051
>1 chronic illness	8 (18.2)	28 (43.1)	
Smoking			
Yes	19 (43.2)	27 (41.5)	0.845
No	25 (56.8)	38 (58.5)	
View of aging			
Positive	16 (36.4)	28 (63.6)	0.001*
Negative	63 (96.9)	2 (3.1)	

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 as; Eight (18.2%) patients had daily UI and 24 (54.5%) patients had UI once a week or more than once a week. Twelve (27.3%) patients had UI less than once a week.

Table 2: Characteristics of incontinence in elderly patients with urinary incontinence.

	n (%)
Number of episodes of urinary incontinence	
Every day	24 (54.2)
>1 per week	8 (18.5)
≤1 per week	12 (27.3)
Amount of missed urine	
Wet inner clothes	32 (72.7)
Wet outdoor clothes	12 (27.3)
Influence on activities of daily living	
Mild	30 (68.2)
Moderate	14 (31.8)
Severity of incontinence (VAS)	6.22 ± 0.85

Table 3: Associated risk factors for UI

Risk factors	Severity according to ICIQ score N		
	Mild	Severe	p-value
Age 60-69	8 (15.1) [57.1]	9 (17) [28.1]	0.2
70-79	5 (11.1) [35.7]	15 (33.3) [46.9]	
80-90	1 (3.8) [7.1]	8 (30.8) [25.0]	
BMI Normal weight	6 (23.1) [42.9]	4 (15.4) [12.5]	0.04
Overweight	4 (6.0) [28.6]	16 (23.9) [50.0]	
Obese	4 (12.9) [28.6]	12 (38.7) [37.5]	

The mean ± SD depression score of the patients with UI (11.81 ± 2.04) was significantly higher than the mean ± SD depression scores of patients without UI. The majority of participants who had moderate 47 (37.9%) or severe 16 (12.9%) UI were obese. Other factors such as age, gender, number of vaginal deliveries, and menopause age did not show statistically significant differences in the ICIQ scores severity of UI.

DISCUSSION

Urgency incontinence had a higher prevalence than stress incontinence in our study, which is consistent with previous studies. Temml et al. found that the prevalence of overactive bladder with urgency incontinence increased with age in both sexes and has a negative impact on QoL[10-11]. Post-micturition dribbling was the second most common type of incontinence in our study. A community-based study in Australia found that half of the men aged 40–80 years reported terminal dribbling. Post-micturition dribbling was the most frequently reported urinary symptom among older men in Sweden[12].

UI is one of the most common problems in old age that not only causes physical problems but also causes psychological, social, and economic problems as well as poor quality of life. The aim of the present study was to determine the status of UI and UI-related QoL in elderly women living in Tabas, South Khorasan Province, Iran[13-14]. The prevalence of UI in elderly women was 24.9%. The UI prevalence was 33% and 25% in Amirkola city, Mazandaran province, and Khorasan, respectively[15].

The overall UI prevalence in Iranian women is estimated at 46%. The prevalence of UI varies by country and in elderly women in the world was 37.1% based on a meta-analysis. It can be stated that wide differences in the UI prevalence can be due to differences in research methods used, different cultures or races of study populations or the existence of different predisposing factors in those areas[16]. Also, after observing the prevalence in different regions, it can be stated that the UI prevalence is quite diverse in different populations, which can be due to cultural and social differences. Estimating the UI incidence rate requires proven definitions of UI to prevent misinterpretation. It is shown that the different UI incidence rate in women is largely due to different UI definitions in each study[17]. It also explains our problem when comparing the present data with the existing literature. The highest prevalence of UI was reported in the elderly with respiratory diseases was imbalance, anorexia, arthritis and bone diseases, and constipation, which is consistent with the results of other studies[18]. Studies on the relationship between various diseases and UI have identified chronic respiratory patients as a risk factor for UI[19-20].

CONCLUSION

It is concluded that UI is common among older men and is associated with worse QoL. Health care professionals should discuss UI with older men. With an increasingly elderly population, the prevalence of UI will increase.

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