Symptom Severity, Depression and Health-related Quality of Life in Women with Overactive Bladder Syndrome

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Abstract. The purpose of this study was done to identify the relationship among symptom severity, depression, and health-related quality of life in women with Overactive Bladder Syndrome (OAB). Data collection was done using self-report questionnaire with 198 women who were visiting urology outpatient medical clinic located in the G province. The mean score of OAB symptom severity was 49.49. Depressed subjects were 58.1%. The health-related quality of life was significantly correlated with OAB symptom severity(r=-.832, p<.001), and depression(r=-.652, p<.001).

Key words: Bladder, depression, Quality of life

1 Introduction

Overactive bladder syndrome (OBS), as well as urinary incontinence, is a common urinary disease that troubles daily life. OBS is a subset of storage of lower urinary tract symptoms defined as ‘urgency, with or without urge incontinence, usually with frequency and nocturia.’ (Haylen et al, 2010). Although OBS is a not a lethal or deforming disease, it causes inconvenience in daily activities, has negative impacts on sleep pattern, job performance, social life, and family relations, (Coyne et al, 2008), lowers self-esteem, and worsens depression and anxiety (Nicolson et al, 2008). Since the prevalence rate of OBS increases with age, taking into account the rapid aging of Korean population, the estimated number of OBS patients will increase, and thus, there is a great need for the understanding of OBS and the solutions. Although there are ongoing researches on OBS, they are only limited to the actual conditions or prevalence rate; there is a shortage of researches about the severity of the condition, psychological issues, or impacts on quality of life that OBS patients suffer. Therefore, it is necessary to apprehend the real-life problems that OBS patients suffer and to seek solutions to improve their quality of life. The objective of this study was to measure degree of symptom severity, depression, and health-related quality of life and to identify the relationship among symptom severity, depression, and health-related quality of life in women with OBS.

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2 Research Subjects and Methodology

The subjects are composed of 198 women, aged 20 to 80, who visited a medical urology clinic in City G between October 14, 2013 and March 2, 2014. This research employed 8 out of 33 severity of symptoms OAB-q developed by Coyne (2002) to measure the severity of OBS symptoms, CES-D developed by Radloff (1977) to measure depression, and 25 out of 33 health-related quality of life OAB-q developed by Coyne (2002) to measure the health-related quality of life.

3 Research Results and Discussions

1. The subjects’ severity of symptoms, depression, and health-related quality of life measures.

   The severity of OBS symptoms in this research was measured to be 49.49 points out of 100, slightly higher than 46.5 points of the severity of urgency urinary incontinence symptoms in Coyne and others’ research (2004). Such difference originates from that the subjects of this research were on average 60.2 years old and included females only while the subjects of Coyne and others’ research were on average younger and included both males and females. OBS occurs more frequently among the aged population, much more so among the aged female population, and thus, in Korea with rapidly aging population, prevention and treatments are called for. The depression of the subjects in this research was on average 18.59 points out of 60, and the proportion of the depressed among the subjects was 58.1%. This rate is considerably higher than the proportion of the depressed population in 40s, 50s, 60s, and 70s: 17.53%, 17.40%, 18.45%, and 22.3% respectively from Korea National Health and Nutrition Survey (2012). Coyne and others’ research (2004) reported the proportion of the depressed among subjects who have experienced urinary urgencies and who have not to be 43.4% and 22.3% respectively. Thus, it can be stated that depression is a common symptom in an OBS patient group. Therefore, it is necessary to understand not only the physical symptoms but also psychological symptoms, such as depression, of the OBS subjects, and a new strategy to alleviate depression is needed. The health-related quality of life index of the subjects in this research was on average 56.55 points out of 100. Logistic regression analysis done by Kim and others (2004) showed the daily life and sex life were affected 5.0 times and 4.3 times, respectively more among females with OBS; 2.9 times and 3.9 times more among females with urinary incontinence. Such result reflects the health-related quality of life is lower among OBS patients than among urinary incontinence.

2. The correlation among health-related quality of life, severity of symptoms, and depression of the research subjects.

   There was a significantly negative correlation between severity of OBS symptoms and health-related quality of life among the research subjects (r=-.832, p<.001). That is, the higher the severity of OBS symptoms, the lower health-related quality of life.
According to Kraus and others (2010), the negative effect of urinary incontinence on health-related quality of life among elders has been admitted. The research results are also supported by Coyne and others’ (2004) regression analysis of each severe OBS symptom bringing negative effects on health-related quality of life regulating gender and comorbidity. Moreover, there was a significantly negative correlation between depression and health-related quality of life among the research subjects ($r=-.652, p<.001$); that is, the more severe depression, the worse health-related quality of life. Melville and others (2002) showed a similar result that depression affects the symptoms and health-related quality of life among females with urinary incontinence.

4 Conclusion

Since OBS affects health-related quality of life and causes discomfort and distress among patients, an active nursing intervention to improve the patients’ quality of life is needed. For such purpose, there is a strong demand to activate evidence-based research to improve quality of life via OBS patients-centered education and intervention in the future.

Reference
