International Journal of Science and Research (IJSR)
ISSN: 2319-7064
SJIF (2019): 7.583

Prevalence of Urinary Incontinence in Female Health Staff and the Effect on Quality of Life

Roba M. Ashor[1], Anfal A. Jar[2], Waad F. Banjar[3], Mai A. Banakhar[4]

[1, 2, 3, 4]King Abdulaziz University, Faculty of Medicine, Jeddah, Saudi Arabia

Abstract: ***Objective: To know the prevalence of urinary incontinence in female health staff and the effect in their quality of life in Jeddah, KSA. Methods: This cross-sectional study was performed on female health staff working in Jeddah, Saudi Arabia. A validated, anonymous data collection survey was used. Survey inquired about Sociodemographic, Pregnancy and mode of delivery, Urogenital distress inventory (UDI6) and Incontinence Impact Questionnaire – Short Form IIQ-7. Results: Total of 890 population filled up the questionnaire, (95%) 848 were Saudi .The average age was between 20 and 30 y old. The type of professions were 104 (11%) Doctors, 551 (61%) students, 41 (4%) technicians and (21%) 194 nurses. Most were single 90% while 8.9% were married. Urine incontinence was present in 76 (8.5%) single group had incidence of 6.1% (49) while married had 27% (21).The Average UDI score was 33 (25-83), while average Short Form IIQ-7 score was 18 (7-33). Total of 689 (77%) patient are considering treatment for urine incontinence. Most of patients 73% consider visiting urologist while others prefer Gynecologist. Conclusion: Urine incontinence is prevalent in medical field staff, single population.***

1. Introduction

Urinary incontinence is defined by The International Continence Society (ICS) as involuntary leakage of urine that results in social life and hygiene issues.

The condition can affect both men and women. Thus, it is more common in females especially within the childbearing years, yet to reach the maximal increase of 50% in elderly. (1)

This is coherent to what a study conducted in Germany, Spain and Ireland/UK have mentioned on how prevalent the UI in females of the general population and more severe in postmenopausal women with a mean age of 60 years. (2)

Urinary incontinence is classified as; Stress urinary incontinence SUI, urge urinary incontinence UUI or can be mixed urinary incontinence MUI. SUI is an involuntary urine leak that occurs upon physical exertion, for instance, coughing, sneezing, household chores, light to strenuous exercising or during sexual activity. UUI is also an involuntary urine leak concurrent with urgency or preceded by it. While MUI, is when both later types co-exist. (1)

Also, it is worth noting what a study done in Brazil has mentioned on how the prevalence can differ in workingwomen especially those of occupational activities from females of the general population. Females in occupations requiring intense physical exertion, such as dancers, athletes, medical personnel and more were found to have an incidence of urine leak reaching up to 51.9% ranging between 19.9- 32.2 of age. (3)

Although urinary incontinence was documented in previous studies to be common in our Saudi population, no study was exclusively done on female health professionals. We chose to shine the light upon this particular slice of the community, because they are professionals that perform activities requiring physical exertion, be on duty for long hours and frequently resume tasks that cannot be interrupted. (3,4)

This study measures the prevalence of UI among medical personnel and the impact of this condition on their lives, socially, privately, professions and its psychological and behavioral aspect on them.

2. Methods

This cross-sectional study was performed on female health staff working in Jeddah, Saudi Arabia. A validated, anonymous data collection survey was used. Survey inquired about Sociodemographic, Pregnancy and mode of delivery, Urogenital distress inventory (UDI6) and Incontinence Impact Questionnaire – Short Form IIQ-7.

3. Results

Total of 890 populations filled up the questionnaire, (95%) 848 were Saudi. The average age was between 20 and 30 y old. The type of professions was 104 (11%) Doctors, 551 (61%) students, 41 (4%) technicians and (21%) 194 nurses. Most were single 90% while 8.9% were married. Urine incontinence was present in 76 (8.5%) single group had incidence of 6.1% (49) while married had 27% (21). The Average UDI score was 33 (25-83), while average Short Form IIQ-7 score was 18 (7-33). Total of 689 (77%) patient are considering treatment for urine incontinence. Most of patients 73% consider visiting urologist while others prefer Gynecologist.

4. Discussion

Female medical professionals were enrolled in this current study to estimate the prevalence of Urinary incontinence, which was known to be common in the general population in the past recent years, and it was found to reach 8.5% of our population.

A study conducted by Altaweel W, et al, 2012, revealed that 29% of the females in the general population were affected by UI. (5) This increase in percentage goes back to the different educational level of both populations as mentioned in a study published in Qatar,2019,showing those with

decreased level of education was more likely to suffer from UI contrarily to the highly educated persons, leading to a greater level of awareness and the take on hygiene.(6)

Less than 10% of the women in this study reported a significant effect of urinary incontinence on their HRQL.

As a result of the presented questionnaire, most of the participants reported to be considering visiting clinics for treatment. Moreover, they prefer visiting a urologist over a gynecologist. On the other hand, gynecological consultations were more frequent in bakarman MA's study done on the general population, in Riyadh, presumably due to the cultural customs. (1)

Regarding the limitation in this present study the average age was between 20 - 30-year-old and most of them were not married. However, most published studies showed that the average age of the female participants were above the age of 40 older and married. (7)

The responses from participants on the sent-out survey were medical students dominant and this may be considered a drawback for this study.

5. Conclusion

Urine incontinence is prevalent in medical field staff, single population.

References

[1] Bakarman MA, Al-Ghamdi SS. The effect of urinary incontinence on quality of life of women at childbearing age in Jeddah, Saudi Arabia.Global journal of health science. 2016 Feb;8(2):281.
[2] Sykes D, Castro R, Pons ME, Hampel C, Hunskaar S, Papanicolaou S, Quail D, Samsioe G, Voss S, Wagg A, Monz BU. Characteristics of female outpatients with urinary incontinence participating in a 6-month observational study in 14 European countries. Maturitas.2005 Nov 30; 52:13-23.
[3] Higa R, Lopes MH. The impact of urinary incontinence on female nursing personnel.Revistabrasileira de enfermagem. 2007 Apr;60(2):213-6.
[4] Al-Badr A, Brasha H, Al-Raddadi R, Noorwali F, Ross S. Prevalence of urinary incontinence among Saudi women. International Journal of Gynecology & Obstetrics. 2012 May 1;117(2):160-3.
[5] Altaweel W, Alharbi M. Urinary incontinence: prevalence, risk factors, and impact on health-related quality of life in Saudi women. Neurourology and urodynamics. 2012 Jun;31(5):642-5.
[6] Ghafouri A, Alnaimi AR, Alhothi HM, Alroubi I, Alrayashi M, Molhim NA, Shokeir AA. Urinary incontinence in Qatar: A study of the prevalence, risk factors and impact on quality of life. Arab journal of urology. 2014 Dec 1;12(4):269-74.
[7] Cohen BL, Barboglio P, Gousse A. The impact of lower urinary tract symptoms and urinary incontinence on female sexual dysfunction using a validated instrument.The journal of sexual medicine. 2008 Jun;5(6):1418-23.