






## URINARY INCONTINENCE AND QUALITY OF LIFE IN A PRIMARY HEALTH CARE UNIT: A PILOT STUDY

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### ABSTRACT

**Objective:** Characterize urinary incontinence (UI) prevalence and assess the quality of life (QoL) of women treated at a primary health care unit in order to compare the general QoL of continent and incontinent women. **Methods:** An exploratory-descriptive, cross-sectional pilot study with a quantitative approach. Sample composed of women over 18 years old who went to the unit for any reason. Data collection carried out from August to December 2021, through a standardized questionnaire with information on demographic, socioeconomic, obstetric, urinary habits and QoL. **Results:** Fifty-three women with a mean age of 44.49 ( $\pm$  15.38) years participated. Most women declared themselves to be brown (62.3%), married or in a stable union (52.8%), exercising paid occupational activity (64.2%). As for urinary characteristics, 35.8% were diagnosed as incontinent, reporting that they lost urine once a week when they coughed or sneezed, and that this had a moderate impact on QoL. The differences in the values of QoL domains have a statistically significant correlation between the continent and incontinent groups. **Conclusion:** Urinary complaints prevail in a significant portion of women and UI is a factor capable of negatively impacting QoL, but it is necessary to prove the findings in a significant sample.

**DESCRIPTORS:** Urinary incontinence. Enterostomal therapy. Primary Health Care. Quality of life.

## INCONTINÊNCIA URINÁRIA E QUALIDADE DE VIDA EM UMA UNIDADE DE ATENÇÃO PRIMÁRIA: ESTUDO PILOTO

### RESUMO

**Objetivo:** Identificar a prevalência de incontinência urinária (IU) e avaliar a qualidade de vida de mulheres atendidas em uma Unidade Básica de Saúde (UBS) comparando a qualidade de vida geral de mulheres continentas e incontinentes. **Métodos:** Estudo piloto exploratório-descritivo, transversal e quantitativo. Amostra composta por mulheres acima de 18 anos que procuraram a UBS por qualquer motivo. Coleta de dados realizada no período de agosto a dezembro de 2021, por meio de um questionário padronizado com características demográficas, socioeconômicas, obstétricas, queixas urinárias e qualidade de vida. **Resultados:** Participaram 53 mulheres com

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idade média de 44,49 ( $\pm$  15,38) anos. A maioria das mulheres se autodeclarou parda (62,3%), casada ou em união estável (52,8%), exercendo atividade ocupacional remunerada (64,2%); 35,8% das mulheres foram diagnosticadas como incontinentes, relatando perder urina uma vez por semana, quando tosse ou espirram, exercendo um impacto moderado na qualidade de vida. As diferenças nos valores dos domínios da qualidade de vida possuem correlação estatística significativa entre os grupos de mulheres continentas e incontinentes. **Conclusão:** As queixas urinárias prevalecem em uma parcela significativa das mulheres, e a IU é um fator capaz de impactar negativamente a qualidade de vida, porém se faz necessário comprovar os achados em uma amostra significativa.

**DESCRITORES:** Incontinência urinária. Estomaterapia. Atenção Primária à Saúde. Qualidade de vida.

## INCONTINENCIA URINARIA Y CALIDAD DE VIDA EN UNA UNIDAD DE ATENCIÓN PRIMARIA: ESTUDIO PILOTO

### RESUMEN

**Objetivo:** Caracterizar la prevalencia de incontinencia urinaria (IU) y evaluar la calidad de vida de mujeres atendidas en una unidad básica de salud, comparando la calidad de vida general de mujeres continentas e incontinentes. **Métodos:** Estudio piloto exploratorio-descriptivo, transversal y cuantitativo. Muestra compuesta por mujeres mayores de 18 años que acudieron a la Unidad Básica de Salud por cualquier motivo. Recolección de datos realizada de agosto a diciembre de 2021, a través de un cuestionario estandarizado con características demográficas, socioeconómicas, obstétricas, urinarias y de calidad de vida. **Resultados:** Participaron 53 mujeres con una edad media de 44,49 ( $\pm$  15,38) años. La mayoría de las mujeres se declaró parda (62,3%), casada o en unión estable (52,8%), ejerciendo actividad laboral remunerada (64,2%). El 35,8% de las mujeres fueron diagnosticadas como incontinentes, relatando que perdían orina una vez por semana al toser o estornudar, ejerciendo un impacto moderado en la calidad de vida. Las diferencias en los valores de los dominios de calidad de vida tienen una correlación estadísticamente significativa entre los grupos de mujeres continentas e incontinentes. **Conclusión:** Las quejas urinarias prevalecen en una porción significativa de mujeres y la IU es un factor capaz de impactar negativamente en la calidad de vida, pero es necesario comprobar los hallazgos en una muestra significativa.

**DESCRIPTORES:** Incontinencia urinaria. Estomaterapia. Atención Primaria de Salud. Calidad de vida.

## INTRODUCTION

Urinary incontinence (UI) is characterized as any involuntary loss of urine<sup>1</sup>. It is a common clinical condition among women with a prevalence of 25 to 45%<sup>2</sup>. UI is divided into three main types: stress UI, in which there is involuntary loss of urine when performing efforts such as coughing, sneezing and body exercises; Urge UI, which is the involuntary loss of urine immediately preceded by urgency, and mixed UI, which is the combination of the two types mentioned above<sup>1,3,4</sup>.

There are several risk factors that can influence the origin of UI symptoms, such as aging, constipation, parity, mode of delivery, genital prolapse and obesity, in addition to urinary loss during pregnancy that goes through the period and becomes permanent<sup>5,6</sup>.

UI can negatively affect the mental and social health of affected individuals, due to the difficulty in managing the condition, causing a great impact on quality of life<sup>7</sup>. Currently, quality of life is seen as an eminently human notion, evaluated through the degree of satisfaction found in the most diverse fields of human life and encompassing many meanings, which reflect knowledge, experiences and values of individuals and collectivities that report to it, in different times, spaces and different histories<sup>8</sup>. Knowledge of these factors is essential for better care provided to the population. It is also known that it is in Primary Health Care (PHC) that strategies can be employed in order to minimize complications and damage to health<sup>9</sup>.

The health professional plays a fundamental role in the early identification of UI<sup>10</sup>, since, even with the affected quality of life, women do not report this complaint spontaneously. One of the functions of PHC as a gateway to the health system is the early detection of UI, which favors the correct identification of the type and adequate treatment<sup>9,10</sup>.

When carrying out a previous search in the literature, it was observed the great difficulty in cataloging studies carried out by PHC nurses that bring UI in their main scope. Faced with the gap regarding the approach to this topic in PHC, mainly located in small municipalities, this study is justified by the attempt to find answers about the prevalence of UI in women assisted in primary care in a municipality in the interior of the state of Ceará, taking the focus of specialized attention.

The knowledge about specific characteristics of the female population with UI from the present study can help in the foundation of targeted and qualified health education programs for this public. In addition, its results can awaken the scientific community and health professionals about the relevance of the topic.

Therefore, the objective was to identify the prevalence of UI and evaluate the quality of life of women assisted in a Basic Health Unit (*Unidade Básica de Saúde*) in order to compare the general quality of life of women with and without UI.

## METHODS

This is a pilot study of an exploratory-descriptive nature, cross-sectional, with a quantitative approach. Gil<sup>11</sup> defines that exploratory research helps researchers formulate hypotheses about the problem studied through interviews with individuals whose behavior they want to know.

The population of the study was women residing in the territory assigned to the BHU (Basic Health Unit). The sample consisted of 53 women over 18 years old who sought the unit for any reason and agreed to participate in the research. The sampling method was for convenience, with the participants approached in the BHU waiting room while waiting for appointments, procedures or medication dispensing.

After the initial approach, the objectives of the study were explained to the women, as well as the relevance of the research and the next steps to be followed. Data collection was carried out from August to December 2021, on the premises of the BHU itself, from which a standardized questionnaire was applied with data on demographic, socioeconomic, obstetric characteristics, urinary complaints and about quality of life.

To assess urinary symptoms, the Portuguese version of the International Consultation on Incontinence Questionnaire – Short Form (ICIQ-SF) was used, which qualifies urinary loss and assesses the impact of UI on quality of life. The total score is obtained by adding the questions referring to frequency, quantity and interference in daily life<sup>12</sup>. The impact on quality of life is defined by the following score: no impact (0 point); light impact (1 to 3 points); moderate impact (4 to 6 points); severe impact (7 to 9 points); and very severe impact (10 or more points)<sup>13</sup>.

Variables related to general quality of life were collected by applying the Medical Outcomes Study 36-item Short-Form Health Survey (SF-36). The SF-36 is a comprehensive quality of life assessment questionnaire consisting of 36 items that assess eight domains and have a final score that, the closer to 100, the better the quality of life is<sup>14</sup>.

After data collection, two groups were formed. The first consisted of 34 women who responded to the ICIQ-SF and stated that they had never lost urine, thus being characterized as continents. In the second group, the 19 women who presented any urinary loss were grouped, being defined as incontinent.

Data were analyzed using descriptive statistics techniques (absolute frequency and percentage), measures of central tendency (mean and median) and dispersion (standard deviation), using the Statistical Package for the Social Sciences (SPSS) version 23, and presented in tables. The t test for equality of means in independent samples was applied to compare the quality of life of continent and incontinent women.

The study was submitted to the research ethics committee of the School of Public Health of Ceará (*Escola de Saúde Pública do Ceará*) and approved under opinion n° 4.885.512 and Certificate of Presentation for Ethical Appreciation (*Certificado de Apresentação para Apreciação Ética-CAAE*) 50180921.8.0000.5037. The ethical aspects of research involving human beings were considered, observing the recommendations of resolution 510/16<sup>15</sup>.

## RESULTS

### Sociodemographic and gynecological-obstetric characterization

The study included 53 women whose ages varied between 19 and 76 years old, with an average of 44.49 ( $\pm$  15.38) years old. Most women self-declared brown (62.3%), married or in a stable relationship (52.8%), with an average of 9.91 ( $\pm$  4.42) years of study and paid occupational activity (64.2%). Regarding obstetric data, the mean number of pregnancies was 1.94 ( $\pm$  1.20). As for parity, 60.4% of the sample is multiparous, followed by 24.5% of primiparous women and 15.1% of nulliparous women. Forty-nine (98.5%) women denied a history of abortion. With regard to the type of delivery, 43.4% had a vaginal delivery, followed by 22.4% a cesarean delivery. Of the number of women who reported vaginal delivery, 20 (37.7%) reported having an episiotomy during delivery (Table 1).

**Table 1.** Data distribution according to sociodemographic and gynecological-obstetric variables (n = 53). Aracati, 2021.

Variables	Average (SD)
Age (years)	44.49 ( $\pm$ 15.38)
Education (years)	9.91 ( $\pm$ 4.42)
Family income (Real)	1.713.21 ( $\pm$ 939.39)
Pregnancies	1.94 ( $\pm$ 1.20)
Births	1.47 ( $\pm$ 0.72)
Abortions	0.8 ( $\pm$ 0.26)
Age	N (%)
Up to 25 anos	7 (13.2%)
26 to 35 anos	12 (22.6%)
36 to 45 anos	10 (18.9%)
46 to 55 anos	8 (15.1%)
56 to 65 anos	12 (22.6%)
Over 65 anos	4 (7.5%)
Race	
White	12 (22.6%)
Brown	33 (62.3%)
Black	8 (15.1%)
Marital Status	
Married/stable union	28 (52.8%)
Single	19 (35.8%)
Divorced	3 (5.7%)
Widow	3 (5.7%)
Occupation	
Paid	34 (64.15%)
Unpaid	19 (35.85%)

continue...

Tabela 1. Continuation...

Number of pregnancies	
Primiparous	14 (26.4%)
Multigestas	34 (64.2%)
Not applicable	5 (9.4%)
Number of births	
Nulliparous	8 (15.1%)
Primiparous	13 (24.5%)
Multiparous	32 (60.4%)
Number of Abortions	
0	49 (92.5%)
1	4 (7.5%)
Type of delivery	
Vaginal	23 (43.4%)
C-section	15 (28.3%)
Both	7 (13.2%)
Not applicable	8 (15.1%)
Episiotomy	
Yes	20 (37.7%)
No	11 (20.8%)
Episiotomy	22 (41.5%)

Source: Elaborated by the authors.

## Characterization of urinary loss

The characteristics related to UI are shown in Table 2, in which it can be seen that 34 (64.2%) women did not report urinary leakage, however 19 (35.8%) were diagnosed as incontinent by the questionnaire. Of these, 10 (18.9%) reported leaking urine once a week or less and 11 (20.8%) participants leaked urine in a small amount. Regarding the impact of UI on daily life, 6 (11.3%) answered that UI has a moderate impact on their activities and 6 (11.3%) that the impact is very severe. When asked about the situation in which they lost the most urine, 7 (13.2%) women said they lost it when they coughed or sneezed.

## Characterization of quality of life

Based on the SF-36 instrument, the average of the domains that assess the quality of life of incontinent women in the present study was calculated (Table 3). The domain “Mental health” had the lowest mean score of 49.6 ( $\pm$  8.1), while “Limitation due to physical aspects” had the highest mean score of 82.1 ( $\pm$  20.4).

With this instrument, it was also possible to compare the quality of life of continent and incontinent women (Table 4). It can be observed that, in the domains “Functional capacity”, “Limitations due to physical aspects”, “Vitality”, “Social aspects” and “Mental Health”, the quality of life of continent women was better than that of incontinent women. Although there is this difference, only the domains “Functional capacity”, “Limitation due to physical aspects” and “Social aspects” have a statistically significant correlation between the means of the groups ( $p < 0.05$ ).

**Table 2.** Sample UI characteristics (n = 53). Aracati, 2021.

Variables	N	%
<b>Incontinence</b>		
Continents	34	64.2%
Incontinents	19	35.8%
<b>Frequency of urine escapes</b>		
Never	34	64.2%
Once a week or less	10	18.9%
Two or three times a week	5	9.4%
Once a day	3	5.7%
Several times a day	1	1.9%
<b>Amount of urine escapes</b>		
None	34	64.2%
A small amount	11	20.8%
A moderate amount	6	11.3%
A big amount	2	3.8%
<b>Impact of UI on everyday life</b>		
None	34	64.2%
Light	3	5.7%
Moderate	6	11.3%
Severe	4	7.5%
Very severe	6	11.3%
<b>Situation of increased urine loss</b>		
Never	34	64.2%
Escapes before reaching the toilet	5	9.4%
Escapes when coughing or sneezing	7	13.2%
Escapes when sleeping	1	1.9%
Escapes when performing physical activities	2	3.8%
Escapes after urinating, whiler getting dressed	4	7.5%
Escapes for no obvious reason	3	5.7%
Escapes all time	1	1.9%

Source: Elaborated by the authors.

**Table 3.** Quality of life of incontinent women (n = 53). Aracati, 2021.

SF-36	Average (SD)
Functional capacity	65.5 (± 27.2)
Limitations due to physical aspects	82.1 (± 20.4)
Pain	75.5 (± 25.2)
Overall health state	54.4 (± 11.8)
Vitality	67.9 (± 24.5)
Social aspects	62.5 (± 19.5)
Limitations due to emotional aspects	59.6 (± 45.2)
Mental health	49.6 (± 8.1)

Source: Elaborated by the authors.

**Table 4.** Quality of life among continent and incontinent women (n = 53). Aracati, 2021.

SF-36 Domains	Continents (n = 34)	Incontinents (n = 19)	p <sup>1</sup>
Functional capacity	83,8 (± 21,8)	65,5 (± 27,2)	0,010
Limitations due to physical aspects	93,4 (± 11,2)	82,1 (± 20,4)	0,012
Pain	65,2 (± 28,1)	75,5 (± 25,2)	0,193
Overall health state	52,7 (± 12,7)	54,4 (± 11,8)	0,647
Vitality	68,8 (± 26,5)	67,9 (± 24,5)	0,901
Social aspects	75 (± 21,3)	62,5 (± 19,5)	0,040
Limitations due to emotional aspects	40,2 (± 39,2)	59,6 (± 45,2)	0,107
Mental health	50,1 (± 7,3)	49,6 (± 8,1)	0,843

<sup>1</sup> T test for equality of means. Source: Elaborated by the authors.

## DISCUSSION

It was found in this study that the prevalence of UI was 35.8%, that is, 19 participants, who reported a moderate to very severe impact of UI on quality of life. Similar to the sociodemographic data found in a study that aimed to verify the prevalence of UI and its relationship with physical and mental health patterns, the prevalence of UI was 20.7%, mostly in female elderly, aged advanced, yellow or brown skin color, or indigenous ethnicity, and without schooling<sup>16</sup>. However, case reports in young women have increased, opposing the idea that UI is only related to senility<sup>9,17</sup>.

Concerning the age range, Siviero<sup>18</sup> found in their study an average of 29.5 years among the participants, a result contrary to the findings in this study. This difference can be explained by the fact that older women have a variety of comorbidities, leading them to seek the BHU more frequently than younger women, thus having the facility to collect a sample with most of this public.

With regard to urinary data, the results show a predominance of complaints related to stress UI, such as coughing, sneezing or performing physical activities. As was found in a study carried out with 368 women, of which 132 had loss of urine in situations of physical stress<sup>19</sup>.

According to data from the present study, most women with UI reported moderate to very severe impact. Studies such as that by Sousa et al. found an impact ranging from severe to very severe in 21.15% of women in their sample, and highlight that the impact of UI is not linked solely to physical aspects, but negatively influences sexual, social, domestic and occupational aspects of women's lives<sup>20,21</sup>.

The domains "Functional capacity", "Limitation due to physical aspects" and "Social aspects" were more affected in women who reported urinary loss when comparing the same domains in incontinent women, strengthening the results of studies that refer to great damage to the social life of people with UI<sup>22,23</sup>.

Among the limitations of the study, the most challenging was confronting the effects of the COVID-19 pandemic, in such a way that the sample was affected by the non-acceptance of patients who feared missing their scheduled appointments and/or stayed in the unit for only a brief period of time, or who would not like to provide data about their actual health condition.

Even at a basic level of health care, it is possible to improve UI symptoms and the quality of life of individuals<sup>10</sup>, through the implementation of UI prevention and awareness programs for young women in PHC<sup>24,25</sup>, avoiding injuries at an older age; however, it is necessary to implement studies that comprehensively describe such populations.

## CONCLUSION

From the data obtained in the present study, it could be concluded that, although the number of incontinent women is not the majority of the sample, urinary complaints prevail in a significant number of women, and that UI is a factor capable of impacting negatively affects the quality of life of those with this condition.

From these results, one can begin to understand the UI scenario in the municipality studied, through data that awaken the eye to a condition so little seen by the PHC. However, the study on the subject should be carried out in more depth in this population, as it is necessary to prove the findings in a more significant sample.

## AUTHORS' CONTRIBUTION

**Conceptualization:** Francelino BLBS and Saboia DM; **Methodology,** Francelino BLBS and Saboia DM; **Investigation:** Francelino BLBS and Gomes JM; **Writing – First version:** Francelino BLBS and Gomes JM; **Writing – Reviewing and Editing:** Francelino BLBS, Cavalcante ASP and Costa AS; **Supervision:** Cavalcante ASP, Costa AS, Saboia DM.

## DATA AVAILABILITY STATEMENT

Data will be available upon request.

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