

شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو

بسم الله الرحمن الرحيم





MONA MAGHRABY



شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



MONA MAGHRABY



شبكة المعلومات الجامعية التوثيق الإلكترونى والميكروفيلم

جامعة عين شمس التوثيق الإلكتروني والميكروفيلم قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



MONA MAGHRABY



PREVALENCE AND RISK FACTORS OF URINARY INCONTINENCE IN FRAIL ELDERLY MALES

Thesis

Submitted for Partial Fulfillment of Master Degree In Geriatrics and Gerontology

By
Nahla Mohammad Zaki
(M.B. B.Ch.)

Supervised by

Prof. Dr. Hala Samir Eid Sweed

Professor of Geriatrics and Gerontology Faculty of Medicine - Ain Shams University

Dr. Rania Mohammad Abu-Hashem

Assistant Professor of Geriatrics and Gerontology Faculty of Medicine - Ain shams University

Dr. Suzan Mounir Ali Hassan

Lecturer of Geriatrics and Gerontology Faculty of Medicine - Ain shams University

Faculty of Medicine Ain Shams University 2020

Appendices

1. Master Sheet

• Serial No:	Date:	Tele no:
• Name:	Age:	Setting:
1) Marital status	1. Married	2. Not married
2) Education:years		
3) Smoking 1. Yes	2. No.	
If yes: 1. Current	2. Ex-smoke	er Smoking index:
4) Alcohol abuse:	Caffeine abuse:	
Duration:		
5) History of UI: 1. Yes	2. No	
Duration: 6) History of fecal incontinence: Duration:	1.Yes 2.No	
7) Other comorbidities:		
8) Drug history:		
9) Surgical history:		
10) Wt: Ht: BMI:		
11) Neurological examination		

13) ICIQ-UI SF:		
How often do you leak urine?		
We would like to know how much uri How much urine do you usually leak (whether you wear pro	otection or not)?
Overall, how much does leaking urine Please ring a number between 0 (not at	t all) and 10 (a great o	•
ICIQ score:		
1. Mild (1-5).	2. Mode rate	e (6-12).
3. Severe (13-18).	4. Very seve	ere (19-21).
14) Type of UI:		
15) IIQ-7 SF:		
Question 1: Praying?		
Question 2: Housekeeping?		
Question 3: Physical Recreational	Activities?	
Question 4: Social Activities?		
Question 5: Travelling?		
Question 6: Anxiety/Frustration?		
Question 7: Depression/Hopelessr	ness?	
16) MMSE: / 30		
17) GDS:/15	1. + Ve	2. – Ve
18) ADL: 1. Independent	2. Assisted	3. Dependent
19) IADL: 1. Independent	2. Assisted	3. Dependent
20) AUA score: Mild (0-7)	Moderate (8-18	Severe (19-35)
21) Urine analysis:		
Pus cells:		

Abstract

Background: Urinary incontinence (UI) is a major geriatric problem, that is underestimated in frail older males.

Aim: To identify risk factors of impaired QOL among frail older males with UI.

Methods: A cross-sectional study including 120 frail older males attending Geriatric Hospital at Ain Shams University Hospitals. Sixty subjects had UI. Participants were tested by the Arabic version of International Consultation on Incontinence Questionnaire-Urinary Incontinence Short Form (ICIQ-UI SF), the American Urological Association symptom index (AUA-SI) and the Arabic version of Incontinence Impact Questionnaire; short form (IIQ-7 SF) to measure the severity of UI, lower urinary tract symptoms and health-related QOL respectively.

Results: Mixed form of UI (40%) was the most prevalent type followed by urge UI (38.3%). Prevalence of depression was 56.67%. More than 90% expressed emotional health affection and more than two thirds had difficulty praying, travelling and performing physical and social activities. Most of the domains were affected in patients with mixed or urge urinary incontinence, compared with other types of UI. A positive relationship was found between severity of UI symptoms and severity of QOL impairment in all domains. UI-associated QOL was positively affected by social isolation, depression, functional dependence, advanced frailty status, severe UI, long UI duration, presence of chronic constipation and using alpha-blockers. Social isolation was the only independent predictor for decreased UI-associated QOL.

Conclusion: UI exerts negative impact on QOL of frail older males through social and psychological factors, functional level, frailty status, comorbidity, medication use, and severity and duration of UI symptoms.

Keywords: urinary incontinence, frail older males, QOL

List of Contents

Ti	Title Page	
•	List of Abbreviations	I
•	List of Tables	IV
•	Abstract	VIII
•	Introduction	1
•	Aim of the Work	4
•	Review of Literature	5
•	Subjects and Methods	50
•	Results	60
•	Discussion	88
•	Summary and Conclusion	112
•	Recommendations	116
•	References	117
•	Appendices	151
•	Arabic Summary	

List of Abbreviations

ACEIs	Angiotensin inhibitors	converting	g enzyme
AD	Alzheimer's dis	sease	
ADH	Antidiuretic ho	ormone	
ADL	Activities of da	ily living	
ANP	Atrial natriure	tic peptide	
AUA	The American	Urological A	Association
BMI	Body mass inc	lex	
BNP	Brain natiuret	ic peptide	
воо	Bladder outlet	obstruction	1
ВРН	Benign prostat	tic hyperpla	sia
CFS	Clinical frailty	scale	
CHF	Congestive hea	art failure	
CKD	Chronic kidne	y disease	
CNS	Central nervou	ıs system	
COPD	Chronic ob disease	structive	pulmonary
CSHA	Canadian Stud	dy of Health	and Aging
СТ	Computed Ton	nography	
DHEA	Dehydroepiano	drosterone	
DHIC	Detrusor hype contractility	eractivity wi	th impaired
DLB	Dementia with	Lewy bodie	es
DM	Diabetes Melli	tus	
EAU	European Asso	ociation of U	Jrology
FI	Frailty Index		
FIM	Functional ind	lependence :	measure
GDS	Geriatric depre	ession scale	

List of Abbreviations

HDL	.High density lipoprotein
HRQOL	.Health-related quality of life
IADL	.Instrumental activities of daily living
ICS	.International Continence Society
ICIQ-UI SF	International Consultation on Incontinence Questionnaire-Short Form
IIQ-7 SF	.Incontinence Impact Questionnaire - 7 Short form
IL-6	.Interleukin-6
IPSS	.International Prostate Symptom Score
LUTS	.Lower urinary tract symptoms
MMSE	.Mini-mental state examination
MRI	.Magnetic resonance imaging
NHANES	.National Health and Nutrition Examination Survey
NICE	.National Institute of Health and Care Excellence
NSAIDs	.Nonsteroidal anti-inflammatory drugs
NYHA	.New York Heart Association
OAB	.Overactive bladder
OSA	.Obstructive sleep apnea
PRISMA-7	.Program of Research on Integration of Services for the Maintenance of Autonomy-7
PSA	.Prostate-specific antigen
PVR	.Post-void residual
GOT	.Quality Of Life

List of Abbreviations

QUID	Questionnaire for Urinary Incontinence Diagnosis
SUI	Stress Urinary Incontinence
TNFa	Tumour necrosis factor-α
TUGT	Timed Up and Go Test
TURP	Transurethral resection of prostate
TUE	Transurethral enucleation with bipolar
UAB	Underactive bladder
UDS	Urodynamic studies
UI	Urinary Incontinence
USA	United State of America
UTI	Urinary tract infection(s)
UUI	Urge Urinary incontinence
WPSI	The Women's Preventive Services Initiative

List of Tables

Table No.	Title	Page
Table (1a):	Most commonly used questionnaires used for assessment of UI and LUTS in males	3
Table (1b):	Questionnaires used in assessment of the effect of UI on QOL	
Table (2a,b):	Baseline Characteristics of the Studied Population	
Table (3):	The Prevalence of Urinary Incontinence among the Studied Population	
Table (4):	The Prevalence of Different Types of Urinary Incontinence among the Studied Population)
Table (5):	The Duration of Different Types of Urinary Incontinence among the Studied Population)
Table (6):	The prevalence of different severity groups of UI (by ICIQ-UI) among the studied incontinent population)
Table (7):	The Relationship between Type of Urinary Incontinence and ICIQ-UI (Severity of Urinary Incontinence)	[
Table (8a):	The Relationship between Duration of Urinary Incontinence and ICIQ-UI category	[

List of Tables (continued)

Table No.	Title	Page
Table (8b):	The Relationship between Duration of Urinary Incontinence and ICIQ-UI total score	[
Table (9):	Relationship between Urinary Incontinence and Clinical Frailty Scale	7
Table (10):	Relationship between Different Types of Urinary Incontinence and Clinical Frailty Scale	l
Table (11a):	Relationship between ICIQ-UI category and Clinical Frailty Scale	
Table (11b):	Relationship between ICIQ-UI total score and Clinical Frailty Scale	
Table (12):	Relationship between Urinary Incontinence and Depression (GDS- 15)	-
Table (13):	Relationship between Type of Urinary Incontinence and Depression	l
•	Relationship between different types of Urinary Incontinence and activities of daily living (ADL)	l
Table (14b):	Relationship between different types of Urinary Incontinence and instrumental activities of daily living (IADL)	<u>[</u>

List of Tables (continued)

Table No.	Title Page	е
Table (15a,b):	Comparison between Participants With and Without Urinary Incontinence as regards Demographic Characteristics and Risk Factors69	
Table (16):	Relationship between urinary incontinence and number of comorbidities	
Table (17):	Comparison between Participants With and Without Urinary Incontinence as regards Associated Comorbidities	
Table (18):	Relationship between urinary incontinence and number of drugs 73	
Table (19):	Comparison between Participants With and Without Urinary Incontinence as regards Medication Use	
Table (20):	Regression Analysis to Assess the Predictors of Urinary Incontinence 75	
Table (21a):	Bivariate ANOVA analysis for IIQ-7 score	
Table (21b):	Bivariate correlation analysis for IIQ-7 score	
Table (22):	The Relationship between Types of Urinary Incontinence and different QOL domains	

List of Tables (continued)

Table No.	Title Page
Table (23a):	Relationship between ICIQ-UI category and different QOL domains 79
Table (23b):	Relationship between ICIQ-UI total score and different QOL domains 81
Table (24):	Relationship between Duration of Urinary Incontinence and different QOL domains
Table (25):	Relationship between Severity of Urinary Incontinence (ICIQ-UI) and AUA-SI score
Table (26):	The Relationship between AUA-SI score and different QOL domains 86