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Psychosocial correlation of common urinary problems in females in a tertiary care Centre in central India

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Abstract

Background: Urinary problems are common in female population of India which adversely affect their quality of life. Urinary problems add to chronic suffering of Indian females. The objective of this study was to find psychosocial correlation of common urinary problems in Indian females.

Methods: This is an epidemiological study which includes all adult female patients coming to surgery and gynecology OPDs of M.Y. Hospital, Indore, Madhya Pradesh, India.

Results: 50% of patients of middle age (31-55) years. Burning micturition was most common urinary complaint (86%) followed by lower abdominal pain (54%). About 63.67% of females took months or even years to take first consultation after appearance of their symptoms. 63% females were suffering from urinary tract infection only 23% females suffered from urinary incontinence (stress, urge, mixed). Incontinence was closely correlated with multiple deliveries. In our study about 66.67% females were belonging to lower socioeconomic class. About 20.5% of patients had a history of psychiatric disorder along with urinary tract problems and were relieved initially of the symptoms by antipsychotic medications and urinary antibiotics. Another 31% of patients had relief of symptoms with antipsychotic drugs although they had no evidence or history suggestive of psychiatric disorder.

Conclusions: Psychiatric disorders in females can be one of the causes for Lower urinary tract symptoms in females and leads to psychosomatic symptoms.

Keywords: Common urinary problems, Infection, UTI, psychiatric disorders

Introduction

India is a country where the sanctity of women is defined by the decorum of her values, the mere talk of anything even remotely related to the female genitourinary system lies far beyond those well circumscribed boundaries. She is ostracized and considered too modern and mostly ill-mannered to fit into the Indian society if she wishes to talk of this.

Urinary Complaints, are by far uncomfortable to be talked about even in the most progressive of societies and a place where it is considered a taboo, you can only imagine to how grave the problem must be. The iceberg phenomenon applies aptly to the scenario of female genitourinary health situation in India. So, what we attend to on a daily basis and what we intend to achieve has a light year of a valley to cross. It is not only the addressal of the problems pertaining to female genitalia that need attention but also the mentality of people about women health issues that needs attention.

It is an age old question, as to why is the burden of diseases related to female genitourinary tract that affects the quality of life so badly still not given appropriate care to, why the delay in consultation? The answer is the lack of amenities and resources amongst the low socioeconomic class and lack of motivation from relatives. Several attempts at unscientific household remedies are done before seeking proper medical attention.

Depression and Anxiety are very common among the women of low socioeconomic strata and like IBS, obstructed urethral passage in these women is a psycho-somatic disorder. The balance between Norepinephrine, serotonin and Dopamine in brain is responsible for maintaining the mood of a person. It is the imbalance between Dopamine and serotonin that is responsible for the altered behavior in these patients and compulsive urge to void bladder irregularly. According to my observation of these women repeated spasm of External Urethral sphincter leads to repeated bouts of regurgitation of urine from anterior urethra to posterior urethra,

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bladder neck and urinary bladder. As we are aware that anterior urethra is colonized with different kinds of bacteria esp. E.coli, the regurgitation of urine leads to UTI repeatedly. Over several years this chronic inflammation leads to Fibrosis which causes stricture urethra. Dilatation gives only temporary relief in these patients and irregular follow up by these patients causes worsening of the condition.

Lower Urinary tract Symptoms (LUTS) are much commoner in females as compared to males ^[1, 3, 4]. The anatomical difference especially due to Shorter urethra & proximity of urethra to rectum leading to recurrent UTI, leading to bladder dysfunction and subsequent incontinence is one of the major reason ^[1]. The low socioeconomic status is further associated with lack of hygiene, untreated STDs and unsupervised multiple vaginal deliveries. The broad female pelvis is associated with wider outlet and predisposes to pelvic floor weakness. Hormonal and physiological changes with age predispose to voiding dysfunction ^[2].

Among all the LUTS, middle-aged women are commonly affected with frequency, urgency, suprapubic pain, dysuria etc. and elderly are affected with incontinence.

In available literature among all the LUTS stress incontinence has been extensively studied.

The objective of our study here is to establish a definitive association of mental health issues to female genitor urinary tract problems and how remedy of the former leads to cure of the latter.

Materials and Methods

This study was done on 600 females attending OPD in Gynaecology & Surgery in M.Y. Hospital, Indore, Madhya Pradesh, India over a period of 4 years. The study is based on history and clinical examination and result of treatment with anti-psychotic drugs on Genito-urinary problems.

Inclusion Criteria

All females above the age of 18 years, with any urinary complains coming to M.Y. Hospital, Indore were included.

Exclusion Criteria

Any patient with major co-morbidity like malignancy, fistula etc. was excluded from study.

Detailed Clinical history was taken including

- Urinary complains with duration
- Parity
- Mode of Delivery
- Previous surgeries

e) Socio economic background

f) Patients opinion on how quality of life was affected by her urinary problem

Clinical diagnosis was made. Appropriate investigations including psychiatric evaluation was done. Patients were counseled regarding their diagnosis and management and motivated to come for regular check-ups.

Results

Majority of the females coming with urinary complains were middle-aged (31-55yrs) followed by elderly and then young women.

Table 1: Age wise distribution of patients

| Age Group | No. of Patients | Percentage% |
|-----------|-----------------|-------------|
| 18-30yrs | 178 | 29.67 |
| 31-55yrs | 300 | 50 |
| >55 yrs | 122 | 20.33 |

Table 2: Prevalence of different urinary problems

| Symptoms | No. of patients | Percentage% |
|---------------------------|-----------------|-------------|
| Frequency | 280 | 46.8 |
| Burning Micturition | 516 | 86 |
| Retention (Acute/Chronic) | 24 | 4 |
| Dysuria | 38 | 6.4 |
| Lower abdominal pain | 324 | 54 |
| Hematuria | 27 | 4.5 |
| Urgency | 231 | 38.5 |
| Incomplete Voiding | 89 | 14.8 |
| Constipation | 45 | 7.5 |
| Urge Incontinence | 76 | 12.67 |
| Stress Incontinence | 86 | 14 |

Table 3: Duration of symptoms before first consultation

| | Days | Months | Years |
|----------------------------------|-----------------|--------------|-----------------|
| No. of patients with duration in | 218 (36.33%) | 258 (43%) | 124 (20.67%) |

Table 4: Probable Diagnosis

| | No. of patients | Percentage |
|-----------------------|-----------------|------------|
| UTI | 378 | 63 |
| Pelvic floor Weakness | 35 | 5.83 |
| Urethral stricture | 5 | 0.83 |
| Incontinence | 162 | 27 |
| Undiagnosed | 20 | 3.33 |

Table 5: Association of socioeconomic class with burden of problem

| Socioeconomic class (modified Kuppuswamy's classification) | Number of patients | Percentage |
|--|--------------------|------------|
| 1. (upper) | 0 | 0% |
| 2. (upper middle) | 0 | 0% |
| 3. (lower middle) | 0 | 0% |
| 4. (upper lower) | 200 | 33.33% |
| 5. (lower) | 400 | 66.67% |

Table 6: Association with psychiatric disorders

| | No. of patients | Percentage % |
|---|-----------------|--------------|
| Patients with proven psychiatric disorder | 123 | 20.5 |
| Patients responsive to antipsychotic medication | 186 | 31 |
| Patients with no response to antipsychotic medication | 291 | 48.5 |

Discussion

Women in India are forced to live below the standard of men in

the same household. Patriarchal cultures of Indian society compel them to make-do and adjust with their troubles. Their

problems are not attended to in time which leads to lack of quality of life and stress. The mental health of the patient affects the general well-being of the patient.

Most of the patients attending our OPD belong to a low socioeconomic class (66.67% class 5 and 33.33% class 4) and meeting the ends meet is a day-to-day struggle. The women of family suffer in silence for a long time because sacrifice for the family is of primary importance to them no matter how uncomfortable they are.

In our study, majority of the women belonged to middle age (50%). The most frequent complain was burning micturition followed by suprapubic pain. Increased frequency of micturition was the other commonly encountered problem. Constipation was present in about 38 patients (7.5%) in our study. Constipation has been studied in children and post-menopausal women and found to be an important risk factor. However, in pre-menopausal women there is not much published literature on this. Constipation causes urinary dysfunction by anatomic distortion and displacement of the bladder by the rectum and the loaded sigmoid colon [5].

The most common organism isolated in urine cultures of these patients was E.coli, with other coliform bacteria commoner. The presence of infection was consistent irrespective of duration of symptoms with patients having longer duration of symptoms with multibacterial infections [6].

Patients with long standing symptoms had habitual sphincter spasms to hold in urine till the last minute until an appropriate time and place were available be it home or outside. Patients with nervousness and anxiety had this problem even worse with frequent episodes of retention.

Stress incontinence is more common than urge incontinence according to many studies [7]. It is known that there is a positive association between psychiatric and physical disorders. There are two possible mechanisms to explain this. Psychiatric disorders may present with physical symptoms or physical illness may have psychological consequences. It has been considered that urge incontinence can occur as a result of autonomic arousal associated with anxiety/neuroticism, and most research into psychiatric aspect of incontinence to date has concentrated on this aspect [8, 9].

In our study 63.67% females took months or even years to take first consultation after appearance of first symptoms. The reason for this delay was shyness, illiteracy, unawareness, lack of motivation low socioeconomic status of the patients and lack of easily accessible medical care [10].

About 20.5% of patients had a history of psychiatric disorder along with urinary tract problems and were relieved initially of the symptoms by antipsychotic medications and urinary antibiotics. Another 31% of patients had relief of symptoms with antipsychotic drugs although they had no evidence or history suggestive of psychiatric disorder.

The possible psychogenic cause that has been used as the basis for treatment with anxiolytic drugs for the past 20 years has been supported by various publications studying the response of such patients to personality tests Minnesota multiphasic personality inventory, measurements of pelvic floor tension or external sphincter reactivity. A psychological study suggests that perhaps these were normal women responding to the stress of continuing symptoms and inadequate diagnosis and treatment [11, 12].

Conclusion

Psychiatric disorders in females can be one of the causes for Lower urinary tract symptoms in females and leads to psychosomatic symptoms which lead to actual damage on long

term. Early identification of this problem might lead to decreased prevalence of the urinary tract problems and also help more women reach proper care in time.

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