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## Over active bladder in perimenopausal women - tipofaniceberg, an Indian prespective

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### Abstract

#### Aims & Objectives

- To identify urogenital disorders in apparently asymptomatic perimenopausal women,
- To assess the level of awareness regarding various urogenital disorders in perimenopausal women coming to tertiary care hospital,
- To calculate the incidence of urogenital disorders in perimenopausal age group women.

**Methodology:** Case control study was undertaken in perimenopausal women after dividing the min 2 groups. Group A (cases) consisted of perimenopausal women coming to OPD with any one or more symptoms and Group B (controls) consisted of asymptomatic health care workers. A structured questionnaire was used to assess their responses.

**Results:** In group A (symptomatic women coming to OPDs) -symptoms of itching, vaginal discharge, dyspareunia and SCOPV were significantly more than group B (health care workers). However symptoms of nocturia, frequent micturition urinary incontinence and SUI were Comparable in both groups. As expected, group B had significantly more awareness about urogenital symptoms, being health care workers themselves but very few of them had consulted a health care practitioner foe same.

**Conclusion:** Our study shows that in spite of high prevalence of urogenital symptoms in women of the perimenopausal age group, very few recognize this as a disease and fewer seek treatment.

**Keywords:** Over active bladder, perimenopausal women, tipofaniceberg

### Introduction

Perimenopause or menopause transition begins several years before menopause; As WHO defines perimenopause or climacteric as the period immediately prior to the menopause, when the endocrinological, biological and clinical features of approaching menopause commence and at least the first year after the menopause. Typically, perimenopause begins in a woman's 40s, although it may start in her 30s. Subtle hormonal changes usually commence in a woman's 30s; however, the clinical significance of these changes is not known.

With declining oestrogen production in the perimenopausal age, atrophy of all mucosal surfaces begins, accompanied by vaginal dryness, vaginitis, pruritus, dyspareunia, and stenosis. Genitourinary atrophy leads to a variety of symptoms which affect the ease and quality of living. Urethritis with dysuria, urgency incontinence, and urinary frequency also result. Vaginal dryness is a common symptom, particularly in late perimenopause and urinary incontinence most common complaint, in perimenopause.

Overactive bladder (OAB) is defined by the International Continence Society (ICS) as a complex of symptoms characterized by urinary urgency, with or without urge incontinence, usually with frequency and nocturia. Urinary incontinence affects 200 million people worldwide, with women being affected twice as much as men. OAB greatly affects physical and social functioning, including work, sleep, sexual relationships and interpersonal relationships. OAB, especially in patients with urge incontinence, eventually has a negative impact on health related quality of life (HRQL).

### Aims & Objectives

#### Primary Objectives

- To identify urogenital disorders in apparently asymptomatic perimenopausal women,
- To assess the level of awareness regarding various urogenital disorders in perimenopausal women coming to tertiary care hospital,

- To calculate the incidence of urogenital disorders in perimenopausal age group women.

**Secondary Objectives**

- To identify women needing further evaluation and/or treatment.
- To create awareness of urogenital disorders in perimenopausal age group women.

**Methodology**

This study was performed at a tertiary care center in Mumbai. The total duration of study was 1 month, with sample size of 100 (50 cases & 50 controls). Case control study was undertaken among perimenopausal women after dividing them in 2 groups using inclusion criteria after taking written informed consent to participate in the study.

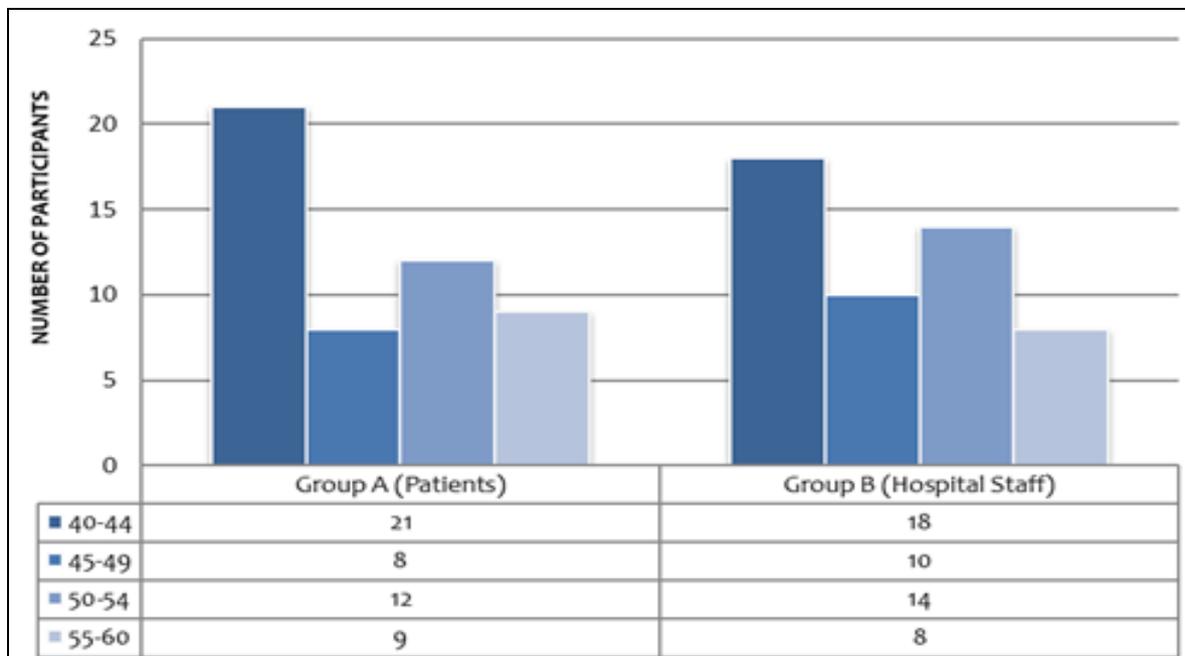
Inclusion Criteria	<ul style="list-style-type: none"> <li>Willing to participate in study</li> <li>Willing and able to provide written informed consent.</li> <li>Women aged between 40 to 60 years</li> <li>Unrelated to drug and surgery</li> <li>Has at least one of urogenital symptoms :                             <ul style="list-style-type: none"> <li>Incomplete voiding of urine</li> <li>Dysuria</li> <li>Dyspareunia</li> <li>Recurrent UTI</li> <li>Vulvovaginal dystrophies</li> <li>Atrophic vaginitis</li> <li>Something coming out per vaginum</li> <li>Premalignant lesions</li> <li>Postmenopausal bleeding</li> </ul> </li> </ul>
Exclusion Criteria	<ul style="list-style-type: none"> <li>Women older 60 year or below 40years.</li> <li>Not willing to participate in the study</li> <li>Women presenting with any acute life threatening condition</li> </ul>

Group A (cases)	50 perimenopausal women of age 40 to 60 years coming to outpatient department of gynaecology, geriatric, medicine, dermatology dept. with urogenital symptoms
Group B (controls)	50 asymptomatic health care workers, between ages 40 to 60 years.

Detailed history was taken by interviewing them at a single interview. A structured questionnaire was used to assess their responses. This structured questionnaire was ratified by an urologist. Ethics committee approval was taken before starting the study.

**Results**

In group A 21(42%) were between 40-44years, 8(16%) were between 45-49years, 12(24%) were between 50 - 54years and 9(18%) were between 55 - 60years; in group B between 18(36%) were between 40 - 44 years, 10(20%) were between 50 - 54 years, 14(28%) were between 50-54 years and 8(16%) were between 55 - 60 years -p value : 0.880 (Chi-square test used. Not significant at 0.05 level) [graph no: 1].



**Graph 1:** Age Distribution of the Study Participants in the Two Groups

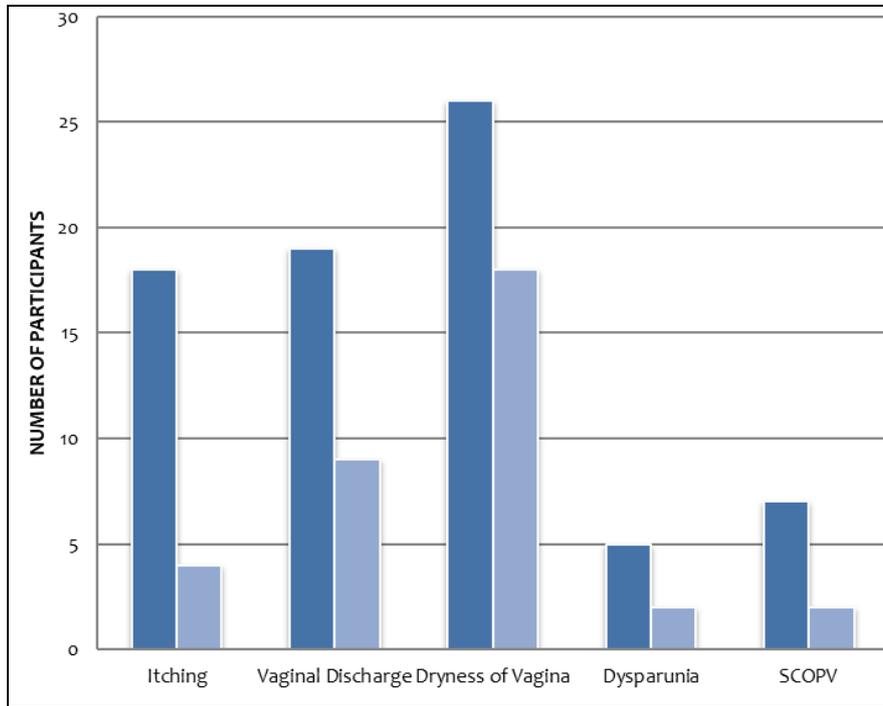
**Table 1:** Distribution of Genital Symptoms among the Study Participants

Genital Symptoms	Group A (Patients)	Group B (Hospital Staff)	p VALUE®
Itching	18 (36%)	4 (8%)	<b>0.0007*</b>
Vaginal Discharge	19 (38%)	9 (18%)	<b>0.025*</b>
Dryness Of Vagina	26 (52%)	18 (36%)	0.106
Dyspareunia	5 (10%)	2 (4%)	0.436#
SCOPV	7 (14%)	2 (4%)	0.159#

\* Chi-square test used. Significant at 0.05 levels. #Fisher Exact test used.

Dryness of vagina was the most common symptom, 52% in group A and 18% in group B. Vaginal discharge and itching were the other common symptoms. Dyspareunia and something

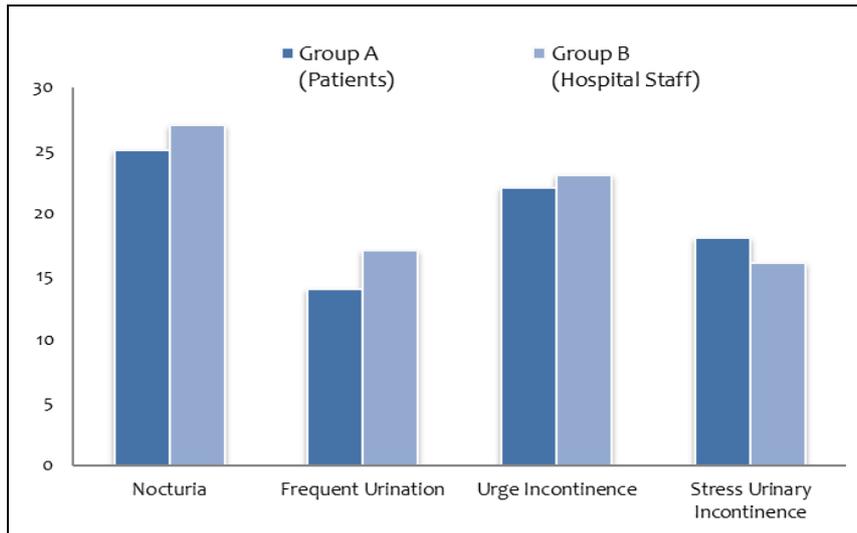
coming out per vaginum were other common symptoms in both the groups [Graph no: 2 | Table no: 1].



**Graph 2:** Distribution of Genital Symptoms among the Study Participants

Urinary complaints were equally noticed in both the groups, nocturia being the most common among and most troublesome. In Group A 25(50%) and in group B 27(54%) had nocturia. Urge urinary incontinence was more commonly seen than stress urinary incontinence in both the groups. [Graph no: 3 | Table no: 2].

Among the study participants 4(8%) in group A, 27(54%) in group B were aware about their symptoms, its nature (p value@ : <0.0005). As expected the awareness was more in health workers, but only few of them had consulted doctors - 13 (26%)of group A and 9 (18%) of group B (p value@ : 0.198) (\* Chi-square test used. Significant at 0.05 levels.) [Graph no: 4].



**Graph 3:** Distribution of Urinary Symptoms among the Study Participants

Among the study participants 4(8%) in group A,27(54%) in group B were aware about their symptoms, its nature (p value@ : <0.0005). As expected the awareness was more in health workers, but only few of them had consulted doctors - 13 (26%)of group A and 9 (18%) of group B (p value@ : 0.198) (\* Chi-square test used. Significant at 0.05 levels.) [Graph no: 4].

**Discussion**

In Our study both groups were comparable in terms of demographic and age factors [Graph no: 1]. In group A (Symptomatic women coming to OPDs). Symptoms of itching, vaginal discharge, dyspareunia and SCPOV were significantly

more in group A than group B[Graph no: 2 | Table no: 1]. However Symptoms of nocturia, frequent micturition urinary incontinence and SUI were Comparable in both groups [Graph no: 3 | Table no: 2]. As expected, group B had significantly more aware about urogenital symptoms, being health care workers themselves but very few of them had consulted a health care practitioner for same [Graph no: 4].

A study conducted in Melbourne women’s midlife health project -172 women were involved in the study 28% of them had vaginal dryness, 43% had urinary incontinence, 42% had dyspareunia [1]. Another study conducted at midlife among participants of the ‘Study of Women’s Health Across the

Nation' (SWAN) - 38.2% had vaginal dryness, 52.5% had urinary incontinence [2]. Milsom and colleagues reported the results of a large-scale study to determine the population-based prevalence of OAB symptoms among men and women aged 40 and older from six European countries, frequency was the most commonly reported symptom in the OAB group (85%), followed by urgency (54%) and urge incontinence (36%) [3]. In a study by Chin SN *et al*, vaginal dryness was the most common vaginal symptom, occurring in 121 women (48%), while thirty-one of 251 (12%) women experienced urinary symptoms [4]. In a study by Zhu L *et al*. (2009) total of 19,024 women the overall prevalence rate of UI was 30.9%. Estimates of stress urinary incontinence (SUI), urge urinary incontinence, and mixed urinary incontinence prevalence were 18.9%, 2.6%, and 9.4% [5]. Survey of 16 776 patients by Sandvik *et al*. from six countries showed that the prevalence of OAB (urgency, frequency, nocturia±urge incontinence) increased from 9% at 40–44 years to 31% at 75+ years [6]. Study conducted by T.M Thomas *et al*. with 22430 people aged between 5-64yrs, showed a prevalence of urinary incontinence of 8.5% in women and 1.6% in men aged 15-64 and 11.6% in women and 6.9% in men aged 65 and over [7].

Urinary incontinence adversely affects a woman's physical, psychological, and social well-being by limiting participation in social gatherings and work activities, interfering with sexual function, and reducing independence. Associated medical conditions can be urinary tract infections, skin ulceration, and fractures resulting from falls occurring at night or while rushing to avoid urge incontinence episodes.

In spite of high prevalence of urogenital symptoms in perimenopausal age group, very few recognize this as abnormal and fewer seek treatment.

### Conclusion

Health care practitioners need to optimize woman's health during and after the transitional period of perimenopause. The risk factors for urinary and vaginal symptoms should be recognized and treated promptly. Increasing awareness is required even in health care professionals to ensure this. When counselling a woman who is in perimenopause, the healthcare provider must consider and assess the risk factors for urinary and vaginal symptoms to facilitate earlier treatment. It can be done by improving patient-physician communication and asking relevant questions.

All women of perimenopausal age should have a thorough evaluation of urogenital health, regardless of whether they are symptomatic or sexually active.

Also characteristic changes influenced by the hormonal systems showing age-related changes, appearance of other conditions and diseases (like obesity, diabetes, hypertension) makes it an ideal time to reinforce or begin a good health program that will serve women well throughout the remainder of their lives.

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