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# FREQUENCY OF URINARY COMPLAINTS IN GYNECOLOGICAL PATIENTS OF NISHTAR HOSPITAL MULTAN

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#### **ABSTRACT**

**Objective:** To assess the frequency of urinary complaints in patients reporting to Gynaecology outpatient department Study Design: Cross Sectional Descriptive Study. Setting: Outpatient Department of Gynaecology, Nishtar Hospital Multan. **Period:** From 20<sup>th</sup> February 2019 to 20<sup>th</sup> August 2019. Material and Methods: A total of 308 women with the complaints of lower abdominal pain, painful micturition and inability to control urine either on coughing, sneezing or while rushing to the toilet were included. Convenience sampling was done. Basic demographics such as age, duration of complaints and body weight were taken. Urine for pregnancy test was done and free of cost ultrasound was performed to exclude any pelvic pathology. Women with pregnancy, previous uterine surgery, diabetes and other pelvic pathology like endometriosis were excluded from the study. Patients were interviewed on a predesigned proforma for the symptoms of infection and incontinence and their urine was collected and sent to laboratory for urine analysis. Results: The age range in this study was from 15 to 70 years with mean age of 36.428 ± 9.40 years. Mean duration of complaints were 12.873 ± 7.13 days and mean BMI was 23.979 ± 2.05 Kg/m<sup>2</sup>. Most of the patients were from 21-40 years (72.1%). Incontinence was seen in 24.4% patients and UTI was seen in 39% patients. Conclusion: Urinary tract infections and incontinence are a common problem of women attending our hospital. With the help of simple history and examination and very simple investigations such as urine analysis the burden of disease can be estimated. We should be knowing the burden of the disease in our hospital and area so that necessary steps in the prevention and treatment can be taken.

**Keywords:** Urinary incontinence, Urinary tract infection, Frequency, Lower abdominal pain, Painful micturition, Gynecological patients

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## INTRODUCTION

Urinary problems are frustrating, embarrassing and affect the quality of life of females. Urinary tract infections are one of the commonly distributed infections. They constitute important bacterial disease which contributes to significant morbidity worldwide. Prevalence of lower urinary tract symptoms including incontinence is higher infemales than in males. There are many reasons for this increased risk. The pelvis of females has a wider outlet which makes them vulnerable for

pelvic floor weakness. Secondly as a female ages there are changes in hormonal status of estrogen and progesterone in females, their urogenital tract is predisposed to urinary problems. Third factor is silent damage to the pelvic supports, which are the most important structures for proper working of lower urinary tract. This damage is produced by multiple vaginal births especially difficult and unattended ones. Other factors are different kinds of surgeries like obstetrical and gynecological surgeries. Signs

and symptoms of urinary tract infections are dysuria, urgency, hematuria, bacteriuria (presence of more than 10<sup>5</sup>CFU/ml).<sup>5</sup>

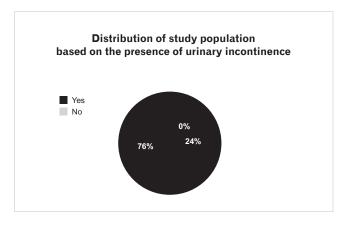
Urinary urge incontinence and overactive bladder is age-related (more in the reproductive age and after menopause) and its prevalence rate is found to be similar among western and Asian women.6 Stress and urge urinary incontinence are common in postmenopausal women and have different risk factors suggesting that approaches to risk factor modification and prevention might differ and should be specific to types of incontinence. The risk factors are the presence of short urethra and lack of estrogens. The incontinence of urine and increased urinary frequency in the women of our country is also important as it has religious implications, like the Muslim women have to wash after every void and they have to pray five times a day. This can be very problematic in winters as it's very cold and also at the time of their Pilgrimage (Hajj) as they have to pray many times in a day during that time. N=308

The infectious Disease Society of America's (IDSA) Clinical guidelines suggests that "Studies would be helpful that focus on specific sub segments of UTI patients. Such as in the different age groups." There is no such study done before in southern Punjab population. One study has shown more incidence of UTI than incontinence and another study showed opposite results. Therefore these results cannot be generalized on all populations. Our study will pave the way to get the updated data on frequency of urinary complaints in gynecology patients to improve the knowledge of its co-relation in local population.

#### **RESULTS**

Age range in this study was from 15 to 70 years

Table No. 1 Mean $\pm$ SD of age, duration of complaints, weight, height and BMI of patients included in the study.			
Demographics	Mean ±SD		
Age (Years)	36.428±9.40		
Duration of Complaints (Days)	12.873±7.13		
Weight (KG)	62.103±3.55		
Height(m)	1.611±0.04		
BMI(Kg/m²)	23.979±2.05		



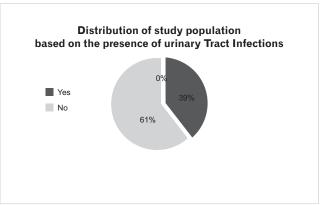


Table 2. Incontinence with respect to age Groups N=308				
Age Groups (Years)	Incontinence		P Value	
	Yes	No		
<20	1(1.33%)	7(3%)		
21-40	58(77%)	164(70%)	0.200	
41-60	13(17.3%)	57(24.5%)	0.390	
>60	3(4%)	5(2.1%)		
Total	75(24.4%)	233(75.6%)		

Table 3. Urinary Tract Infection with respect to age Groups N=308				
Age Groups	UTI		P Value	
(Years)	Yes	No	1 14.14.0	
<20	4(3.3%)	4(2.1%)		
20-40	81(67.5%)	141(75%)		
40-60	33(27.5%)	37(19.7%)	0.390	
>60	2(1.6%)	6(3.1%)		
Total	120(39%)	188(61%)		

with mean age of  $36.428\pm9.40$  years. Mean duration of complaints was  $12.873\pm7.13$  days, mean weight  $62.103\pm3.55$ Kg, mean height  $1.611\pm0.04$  meters, and mean BMI was

23.979±2.05Kg/m<sup>2</sup> Majority of the patients were from 21-40 years (72.1%). Incontinence was seen in 24.4% patients and UTI was seen in 39% patients.

## **DISCUSSION**

Urinary Problems are one of the major causes of morbidity and co-morbidities in patients and it accounts for majority of the reasons for hospital visits globally.<sup>10</sup>

This was a cross sectional descriptive study of 308 patients attending Gynaecology Outpatient Department. In our study UTI was seen in 39% of patients and urinary incontinence in 24.4%. The mean duration of complaints were  $12.87\pm7.13$  days, mean BMI was  $23.97\pm2.05$ Kg/m². 72% of patients were from 21 to 40 years age group.

In our study the prevalence of UTI was 39% and incontinence was seen as 24.4%. Anuradha S and her associates have found in their study that UTI was 43% and incontinence was 27.6% in gynecology patients \*but Rizvi R and her associates have found that UTI was 30.1% and incontinence was 44.4% in gynecology patients.\*

A study done in Uganda by Martin and his Colleagues recruited 267 patients attending three hospitals in Bushenyi District, the prevalence of UTI was 32.2% <sup>10</sup>. Another study done in Tamil Nadu, India by Arunachalam U and his friends found that 90.3% of women are suffering or had suffered from UTI.<sup>11</sup> It has a higher prevalence because old cases were also included. But in a study by Lawindi E done in Giza Egypt, the results were 41.4%.<sup>12</sup> Our study only included patients with current UTI so our findings are different.

Regarding only prevalence of urinary incontinence our study showed it to be 24.4%. A study done by Boornema A, Kalyani P and John in 2018, showed the prevalence of 29.4%. This study had a sample size of 350 as compared to 308 in ours. Another study from our neighboring country India shows a prevalence of 18.4%. Their sample size as 418. In china a study showed an increased incidence of urinary incontinence of 37.2%. This study was performed on 1067 women but

included women over 40 years of age. The increased prevalence of incontinence may be explained by this difference in age of sampling.

A study done in Uganda by Martin and associates shows the prevalence of UTI that was highest in the age group 20-29 years with 32.6% prevalence as compared to the lowest value of 1.2% in the adolescent age group of 10-19 years. This is in comparison to our study which also shows increased prevalence in the age group of 21-40 years, however our study had a wider age group range. In our study prevalence of urinary incontinence in young women (21-40 years) was only 26%. Which is in contrast to 52% reported by Nemir and Middleton. And 51% reported by Wolin whose main target students were university students.

# CONCLUSION

Urinary tract infections and incontinence are a common problem of women attending our hospital. With the help of simple history and examination and very simple investigations such as urine analysis the burden of disease can be estimated. We should be knowing the burden of the disease of our hospital and area so that necessary steps in the prevention and treatment can be taken.

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AUTHORSHIP AND CONTRIBUTION DECLARATION				
Sr. #	Author's Full Name	Contribution to the paper	Author's Signature	
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2	Shumaila Rafaqat	Designed research methodology, literature search, data collection and data interpretation	shumaila	
3	Saima Yasmin	data collection, statistical analysis and data interpretation	C.	
4	Rashda Parveen	data collection, statistical analysis and data interpretation	Kashda	