

FREQUENCY OF URINARY COMPLAINTS IN GYNECOLOGICAL PATIENTS OF NISHTAR HOSPITAL MULTAN

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Date of Received: 16/02/2022

Date of Acceptance: 04/03/2022

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 20th February 2019 to 20th 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 $23.979 \pm 2.05 \text{Kg/m}^2$. 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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Article Citation: Ali S, Rafaqat S, Yasmin S, Parveen R. Frequency of urinary complaints in Gynecological Patients of Nishtar Hospital Multan. *IJAHS*, Jan-Mar, Apr-Jun 2022;01,02(14-17):01-04. <https://doi.org/10.29309/IJAHS/2022.5.01.0569>

INTRODUCTION

Urinary problems are frustrating, embarrassing and affect the quality of life of females.¹ Urinary tract infections are one of the commonly distributed infections.² They constitute important bacterial disease which contributes to significant morbidity worldwide.³ Prevalence of lower urinary tract symptoms including incontinence is higher in females than in males.⁴ 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

23.979±2.05Kg/m². 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.¹⁰

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±7.13 days, mean BMI was 23.97±2.05Kg/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 patients⁸ but Rizvi R and her associates have found that UTI was 30.1% and incontinence was 44.4% in gynecology patients.⁹

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%¹⁰. 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.¹¹ 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%.¹² 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%.¹³ 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 418.¹⁴ In china a study showed an increased incidence of urinary incontinence of 37.2%.¹⁵ This study was performed on 1067 women but

included women over 40years 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.¹⁰ 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.¹⁶ and 51% reported by Wolin¹⁷ 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
1	Syeda Ali	Conceived idea, literature search, data collection literature review, manuscript writing and final reading and approval	
2	Shumaila Rafaqat	Designed research methodology, literature search, data collection and data interpretation	
3	Saima Yasmin	data collection, statistical analysis and data interpretation	
4	Rashda Parveen	data collection, statistical analysis and data interpretation	