

# Depression and its Association with the Psychosocial Factors of Urinary Incontinence

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## **LIST OF ABBREVIATIONS**

|                 |   |
|-----------------|---|
| ABM             | Annette Braunack-Mayer  |
| AHM             | Alastair Hugh MacLennan   |
| AQoL            | Assessment of Quality of Life   |
| AUDADIS-IV      | Alcohol Use Disorder and Associated Disabilities Interview Schedule – DSM IV Version                  |
| ARMHS           | Australian Rural Mental Health Study  |
| ABS             | Australian Bureau of Statistics   |
| AWT             | Anne Winifred Taylor  |
| b               | Black (race)  |
| BABS            | Bradburn Affect Balance Scale   |
| BPRS            | Brief Psychiatric Rating Scale  |
| BDI             | Beck Depression Inventory   |
| BMI             | Body Mass Index   |
| CATI            | Computer Assisted Telephone Interviewing  |
| CASP            | Critical Appraisal Skills Program   |
| CD-RISC         | Connor-Davidson Resilience Scale  |
| CES-D           | Centre for Epidemiologic Studies Depression Scale   |
| CFA             | Continence Foundation of Australia  |
| CIDI-SF, CIDI-A | Composite International Diagnostic Interview Short-Form   |
| CSDD            | Cornell Scale for Depression in Dementia  |
| DIS             | Diagnostic Interview Schedule   |
| DI              | Detrusor Instability  |
| DSM-III-R       | Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition. American Psychiatric Association. |
| DSM-IV          | Diagnostic and Statistical Manual of Mental Disorders, 4th Edition. American Psychiatric Association. |
| D               | Depression  |
| ECT             | Electroconvulsive Therapy   |
| EPICONT         | <i>Epidemiology of Incontinence in the County of Nord-Trøndelag</i>                                   |
| ES              | Effect Size   |
| EpiLUTS         | <i>Epidemiology of Lower Urinary Tract Symptoms Study</i>   |
| ERP             | Estimated Residential Population  |
| FIQL            | Faecal Incontinence Quality of Life Scale   |

|         |  |
|---------|--|
| FPI     | Freiburg Personality Inventory   |
| GDS     | Geriatric Depression Scale   |
| GHDS    | General Hospital Depression Scale                                      |
| GHQ-12  | General Health Questionnaire 12  |
| GP      | General Practitioner   |
| FPI     | Freiburg Personality Inventory   |
| HADS    | Hospital Anxiety and Depression Scale                                  |
| HDRS    | Hamilton Depression Rating Scale                                       |
| HIV     | Human Immunodeficiency Virus   |
| HRQoL   | Health Related Quality of Life   |
| HS      | Help-seeking   |
| ICD-10  | International Classification of Diseases 10th Edition                  |
| ICS     | International Continence Society                                       |
| ICIQ    | International Consultation on Incontinence Questionnaire               |
| IIQ     | Incontinence Impact Questionnaire                                      |
| I-QOL   | Incontinence Quality of Life Instrument                                |
| ISQ     | Incontinence Screening Questionnaire                                   |
| ISSI    | Incontinence Symptom Severity Index                                    |
| JCA     | Jodie Christine Avery  |
| LUTS    | Lower Urinary Tract Symptoms   |
| MDI     | Major Depression Inventory   |
| M       | Men  |
| MCS     | Mental Component Summary of the SF-36                                  |
| MHI-5   | Mental Health Inventory  |
| MMPI    | Minnesota Multiphasic Personality Inventory                            |
| MAOIs   | Monoamine Oxidase Inhibitors   |
| MUI     | Mixed Urinary Incontinence   |
| NAFC    | National Association for Continence                                    |
| NCS-R   | National Comorbidity Survey Replication                                |
| NEMESIS | <i>Netherlands Mental Health Survey and Incidence Study</i>            |
| NHANES  | <i>National Health and Nutrition Examination Survey III</i>            |
| NESARC  | <i>National Epidemiologic Survey on Alcohol and Related Conditions</i> |
| NN      | No Depression  |
| NNT     | Number Needed to Treat   |
| NS      | Nigel Stocks   |
| OAB     | Overactive Bladder   |

|                |  |
|----------------|--|
| OR             | Odds Ratio   |
| OMD            | Depression diagnosed by PRIME-MD PHQ                                     |
| OUI            | Overflow Urinary Incontinence  |
| PD             | Psychological Distress   |
| PMD            | Paul Michael Duggan  |
| PCS            | Physical Component Summary of the SF-36                                  |
| PRIME-MD PHQ   | Primary Care Evaluation of Mental Disorders Patient Health Questionnaire |
| PSA            | Public Service Announcement  |
| R <sup>2</sup> | Coefficient of Determination   |
| RG             | Robert Goldney   |
| SAHOS          | <i>South Australian Health Omnibus Survey</i>                            |
| S              | Sadness  |
| SF-36          | Medical Outcomes Study Short Form 36                                     |
| SCI            | Spinal Cord Injury   |
| SDS            | Zung Self-Rating Depression Scale  |
| SSRIs          | Selective Serotonin Reuptake Inhibitors                                  |
| SRD            | Self-Reported Depression   |
| SUI            | Stress Urinary Incontinence  |
| SS             | Statistically Significant  |
| SSH            | Statistically Significantly Higher                                       |
| TACOS          | <i>Transitions in Alcohol Consumption and Smoking</i>                    |
| UI             | Urinary Incontinence   |
| UUID           | Urge Urinary Incontinence  |
| UDI            | Urogenital Distress Inventory  |
| UK             | United Kingdom   |
| USA            | United States of America   |
| W              | Women  |
| w              | White (race)   |
| WHA            | <i>Women's Health Australia</i>  |

## **ABSTRACT**

Urinary Incontinence has been associated with psychological distress, depression and anxiety. However, research exploring these psychological effects has been minimal, mostly concentrating on older people, women or samples of convenience. Only a few studies have examined quality of life, management and coping behaviours, social connectedness, and beliefs and knowledge of the condition, focussing more upon risk factors such as gender, age, cognitive impairment and physical health.

The research question for this thesis is whether the depression experienced by people with urinary incontinence is associated with psychosocial factors related to incontinence. The group of studies that contribute to the project “Depression and its Association with the Psychosocial Factors of Urinary Incontinence” include a population study examining incontinence, depression and quality of life in both men and women; another population study looking at perceptions of seriousness and severity of incontinence in women; a review of the literature; and a qualitative study examining women’s experience of urinary incontinence and depression.

A review of the literature found that incontinence and psychological wellbeing are intertwined. Enquiring about the mental health status of those with incontinence should include an assessment of psychosocial factors to help reduce the burden of incontinence.

I found that depression and incontinence both reduce health related quality of life (HRQoL). When they occur together there appears to be an additive effect which affects both physical and mental health. Clinicians should identify and manage comorbid depression when treating patients who have incontinence to improve their overall HRQoL.

I also found that severity and limitations to lifestyle were predictors of women perceiving that their incontinence was moderate to very serious. Help-seeking for incontinence improves if education and information target women who use continence management aids, have difficulty being involved in activities or who use other management strategies.

Finally, an exploration of how women experience incontinence in relation to their depression status was undertaken. Women who are older and highly resilient experience less depression and can manage their depression better. Women who do not exhibit resilience are more likely to experience depression, and their incontinence has a greater impact on their lives. Age and resilience-focused interventions in women newly diagnosed with incontinence may lessen the impact of depression on these women.

Those who experience incontinence and are affected by depression in their day to day lives experience a reduced quality of life. We can also gauge the impact of incontinence on the lives of women by examining their limitations and perceptions about the seriousness of their condition, and we can target interventions towards those who experience limitations and use management strategies. We can also design targeted interventions for specific age groups that can increase resilience, so that the burden, including depression, is eased and quality of life is increased in women experiencing incontinence.

## **THESIS DECLARATION**

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

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**Jodie Christine Avery**

Signed: \_\_\_\_\_

Date: 20th May 2014

## **PUBLICATIONS CONTRIBUTING TO THIS THESIS:**

### **Published:**

1. Avery J, Stocks N, Duggan P, Braunack-Mayer A, Taylor A, Goldney R, MacLennan A: Identifying the quality of life effects of urinary incontinence with depression in an Australian population. *BMC Urology*. 2013; **13**(11).
2. Avery J, Braunack-Mayer A, Stocks N, Taylor A, Duggan P. Psychological perspectives in urinary incontinence: a metasynthesis. *OA Women's Health* 2013; **1**(1): 9
3. Avery JC, Stocks N, Taylor AW, Gill TK. Perceptions and prevalence of urinary incontinence in the Australian population. *Australian and New Zealand Continence Journal* Autumn 2014; **20**(1): 7-13.

### **Submitted for Publication:**

4. Avery J, Braunack-Mayer A, Duggan P, Taylor A, Stocks N. "It's Our Lot": Resilience and its influence on the experience of depression in women with urinary incontinence. *Health Sociology Review* 2014; X(X)

## **CONFERENCE PRESENTATIONS ARISING FROM THIS THESIS**

### **2005**

Avery JC, Gill TK, Taylor AW, MacLennan AH. (Oral Presentation): *Incontinence Perceptions, Impacts, and Quality of Life.* **36th Public Health Association of Australia Annual Conference** Perth WA. 2005

Avery JC, Wilson I, Braunack-Mayer A, Stocks N, Duggan P (Oral Presentation): *Mental health and its influence on help-seeking behaviour for incontinence.* **HARC Symposium “Multidisciplinary Research in Ageing”** Adelaide SA. 2005

Avery JC, Taylor AT, MacLennan AH. (Oral Presentation): *A population perspective of urinary and anal incontinence in South Australia.* **14th National Conference on Incontinence**, Melbourne VIC. 2005

Avery JC, Wilson I, Braunack-Mayer, AJ (Poster Presentation): *Beliefs and Barriers about Seeking Help for Incontinence.* **14th National Conference on Incontinence**, Melbourne VIC. 2005

### **2006**

Avery JC, Stocks N, Braunack-Mayer A, Duggan P, Wilson I. (Oral Presentation): *Mental health and its influence on help-seeking behaviour for incontinence.* **diamond Consortium Colloquium for Research Higher Degree Students** University of Melbourne VIC. 2006

Avery JC, Stocks N, Braunack-Mayer A, Duggan P, Wilson I, (Invited Speaker): *Depression and Association with the Psychosocial Factors of Urinary Incontinence.* **South Australian Urological Nurses Society Study Day**. Adelaide SA. 2006

## 2011

Avery J, Braunack-Mayer A, Stocks N. (Poster Presentation): *A Metasynthesis of Psychological Perspectives of Urinary Incontinence*. **Faculty of Health Science Post Graduate Conference**, University of Adelaide. Adelaide SA. 2011.

\*\*NB Winner of School of Population Health and Clinical Practice: Best Poster Award

## 2012

Avery JC, Braunack-Mayer A, Stocks N. (Oral Presentation): *Psychological Perspectives of Urinary Incontinence: A Metasynthesis* **PHCRIS**: Canberra ACT. 2012

## 2013

Avery JC, (Invited Speaker): “*Am I likely to laugh today?*” *Depression and its Association with Urinary Incontinence* **Adelaide West Rotary Club**. Adelaide SA. 2013

Avery JC, Braunack-Mayer A, Duggan P, Taylor A, Stocks N, (Poster Presentation): “It’s our lot”: the influence of depression on the experiences of incontinence **41st Public Health Association of Australia Annual Conference** Melbourne VIC. 2013

## 2014

Avery JC, Stocks N, Braunack-Mayer A, Duggan P, Taylor A. (Abstract Submitted, Poster presentation accepted): Depression and its Association with the Psychosocial Factors of Urinary Incontinence): **23rd National Conference on Incontinence**, Cairns QLD. 2014

Abstracts for the above presentations are available in Appendix 2 at the end of the thesis.

## **MEDIA COVERAGE OF FINDINGS FROM THIS THESIS**

**2013**

### **Media Release:**

Incontinence takes mental toll on younger women, Friday 14 June 2013 (See Appendix 2)

[http://www.adelaide.edu.au/news/news62021.html?utm\\_source=hootsuite&utm\\_medium=uniofadelaide&utm\\_campaign=socialmedia](http://www.adelaide.edu.au/news/news62021.html?utm_source=hootsuite&utm_medium=uniofadelaide&utm_campaign=socialmedia)

Reported in many news services around the world

### **News story:**

Channel 10 Friday 14 June 2013

<http://youtu.be/K9xy6LhFMgw>

### **Radio Program:**

Evenings with Peter Goers ABC891 Radio: Monday 24 June 2013 interview.

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