Depression and its Association with the Psychosocial Factors of Urinary Incontinence

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May 2014

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A Thesis submitted for the degree of Doctor of Philosophy at the University of Adelaide
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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
D       Depression
ECT     Electroconvulsive Therapy
EPICONT Epidemiology of Incontinence in the County of Nord-Trøndelag
ES      Effect Size
EpiLUTS Epidemiology of Lower Urinary Tract Symptoms Study
ERP     Estimated Residential Population
FIQL    Faecal Incontinence Quality of Life Scale
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<td>GHDS</td>
<td>General Hospital Depression Scale</td>
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<td>Coefficient of Determination</td>
</tr>
<tr>
<td>RG</td>
<td>Robert Goldney</td>
</tr>
<tr>
<td>SAHOS</td>
<td>South Australian Health Omnibus Survey</td>
</tr>
<tr>
<td>S</td>
<td>Sadness</td>
</tr>
<tr>
<td>SF-36</td>
<td>Medical Outcomes Study Short Form 36</td>
</tr>
<tr>
<td>SCI</td>
<td>Spinal Cord Injury</td>
</tr>
<tr>
<td>SDS</td>
<td>Zung Self-Rating Depression Scale</td>
</tr>
<tr>
<td>SSRIs</td>
<td>Selective Serotonin Reuptake Inhibitors</td>
</tr>
<tr>
<td>SRD</td>
<td>Self-Reported Depression</td>
</tr>
<tr>
<td>SUI</td>
<td>Stress Urinary Incontinence</td>
</tr>
<tr>
<td>SS</td>
<td>Statistically Significant</td>
</tr>
<tr>
<td>SSH</td>
<td>Statistically Significantly Higher</td>
</tr>
<tr>
<td>TACOS</td>
<td>Transitions in Alcohol Consumption and Smoking</td>
</tr>
<tr>
<td>UI</td>
<td>Urinary Incontinence</td>
</tr>
<tr>
<td>UIUI</td>
<td>Urge Urinary Incontinence</td>
</tr>
<tr>
<td>UDI</td>
<td>Urogenital Distress Inventory</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>USA</td>
<td>United States of America</td>
</tr>
<tr>
<td>W</td>
<td>Women</td>
</tr>
<tr>
<td>w</td>
<td>White (race)</td>
</tr>
<tr>
<td>WHA</td>
<td>Women’s Health Australia</td>
</tr>
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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, focusing 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:


Submitted for Publication:

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, 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


2006


2011


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

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


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)


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.
ACKNOWLEDGEMENTS

There are many people who have assisted me along my PhD journey and I would like to take this opportunity to thank them. Firstly I would like to thank my supervisors, Professor Nigel Stocks, Professor Annette Braunack-Mayer, Associate Professor Paul Duggan, and Associate Professor Anne Taylor, as well as Professor Ian Wilson for a brief time in the beginning. I have very much appreciated the patience, expertise, support and guidance provided by each supervisor, particularly in their very busy roles as heads of schools, disciplines and groups. The understanding shown to me, whilst studying and dealing with the challenges of being a new mother and dealing with the health challenges in my life was very much appreciated.

I am indebted to Professor Alastair McLennan, Professor Robert Goldney, and Associate Professor Anne Taylor for allowing me to use data which they had originally purchased from the South Australian Health Omnibus Studies. I would not have been able to complete the secondary analysis of the data without this contribution. I would also like to thank Anne for allowing me to have time to study during work time.

I am also most grateful to Associate Professor Paul Duggan for his assistance in recruiting women for the qualitative study included in this thesis. His introductions encouraged women to participate in the study.

I am also extremely thankful for the assistance of Michelle Lorimer, Senior Statistician, Data Management and Analysis Centre, The University of Adelaide, for the statistical help provided with the analysis in my first paper.

I would also like to thank PHCRED for their support. I received a PHCRED bursary awarded by the Discipline of General Practice at the University of Adelaide in 2011, to assist in the undertaking of my qualitative study. The PHCRED (Primary Health Care Evaluation and Development) Program is funded by the Australian Government Department of Health and Ageing. Additionally I would like to thank the University of Adelaide for providing me with a Completion Scholarship, enabling me to complete this thesis in a timely manner.

Finally, I would like to thank my family. To my little boys Angus and Hamish, who do not know a life without Mummy studying, I will try and make it up to you in the future! To my husband Simon, thank you for supporting me throughout the last nine years. Hopefully this will be my final time studying. To my Mum, Dad and my sister Vicki, thanks for the endless hours of babysitting, allowing me to study.