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Experiences of women living with chronic obstructive pulmonary disease and urinary incontinence: a qualitative study

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Abstract

There is a known link between chronic obstructive pulmonary disease (COPD) and urinary incontinence (UI) (Jackson *et al.* 2004; van Gerwen *et al.* 2007). Although health-related quality of life (HRQOL) is known to be negatively affected by both COPD and UI (Schlenk *et al.* 1998), there has been no previous study of the combined impact of these two conditions on HRQOL. Ten women attending pulmonary rehabilitation for COPD who disclosed on questioning that they suffered from UI were interviewed about their experiences of living with both conditions. The age range of the participants was 45–76 years (mean = 60.5 years). Thematic analysis of the interview transcripts was done using the methodology of grounded theory. Breathlessness caused by COPD had a significant impact on daily function, particularly when the women experienced an exacerbated attack. However, the majority of the participants reported that the lack of control associated with UI also contributed to their social isolation and impacted on daily function. Two of the ten women felt that their bladder symptoms were more limiting than those associated with COPD, and one stated that these two problems were equally troublesome for her. All the participants had to deal with multiple co-morbidities. The ways in which they prioritized their health complaints varied; for example, pain, when present, appeared to have more impact on general health than either COPD or UI. Depression impacted on the ability of the participants to manage their co-morbidities: one participant was referred for continence management by her general practitioner (GP), but repeatedly failed to attend because of her despair about her ongoing chest problem. Shaw *et al.* (2008, p. 1520) stated that “when respondents did have more than one condition, prioritisation was actively carried out as people prefer to deal with one problem at a time”. The principal barriers to getting help for UI were:

- Embarrassment about symptoms; this was referred to by seven participants in the sample.
- Lack of knowledge of normal or abnormal bladder function, and therefore, recognition of UI as a treatable problem; people need to appraise the presence, cause and impact of symptoms, and be aware of treatment options before seeking help (Shaw *et al.* 2008).
- Lack of knowledge of treatment options; this is in contrast to COPD, which has a well-established management path that the participants were familiar with already.
- None of the subjects had been directly questioned about UI by a healthcare professional until they had attended pulmonary rehabilitation. Being asked about symptoms has been shown to be a trigger for seeking help (Peters *et al.* 2004; Hägglund & Wadensten 2007).

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- Two participants did not feel that their symptoms were serious enough to warrant a discussion with a doctor. St John *et al.* (2010) identified several categories of behaviour that demonstrate how individuals manage urinary symptoms in everyday life in order to maintain social functioning, i.e. containing, restricting, concealing and modifying. These strategies were commonly referred to by the participants in the present study.
- Two participants had sought help from their GP, but no treatment had been offered.

Few participants had been asked about their bladder symptoms and the impact that UI was having on them. Increasing patient awareness of the problem through colleagues such as GPs or therapists working in respiratory care would improve continence management in this high-risk group. Not many of the present participants were aware of their treatment options. Health professionals working in continence need to target publicity about services and how to access these, especially at those individuals who may be socially isolated. Most of the participants in the present study were attending pulmonary rehabilitation classes and were provided with transport to these if necessary. Such classes may be good forums for general education or awareness sessions. It is crucial to consider the impact of co-morbidities on a woman's ability to manage her UI. Patients should be asked about the impact of UI on their lives, treatment options should be outlined, and these points should then be considered during goal-setting sessions between the therapist and patient. This may well have a positive impact on attendance rates and patient satisfaction with treatment.

Keywords: chronic obstructive pulmonary disease, health-related quality of life, qualitative study, urinary incontinence, women.

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