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Website:<http://jurnalobgin.fk.unand.ac.id/index.php/JOE>**RESEARCH**

The Incidence of Overactive Bladder (OAB) in KIA Poly Patients at Pauh Health Center in Padang City Using Overactive Bladder Symptoms Score (OABSS)

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Abstract

Objective : This study looked at the incidence of overactive bladder (OAB) in KIA poly patients at Pauh Health Center in Padang City using Overactive Bladder Symptoms Score (OABSS).

Method : This research is descriptive. The sampling technique was purposive sampling by considering inclusion and exclusion criteria. The inclusion criteria were women of ideal reproductive age (20-35 years) who had given birth spontaneously, were not pregnant, did not suffer from neurological disorders, diabetes, post bladder surgery and or urinary tract infections and were not treated with Overactive Bladder (OAB), while the exclusion criteria are not willing to take part in the study. The study was carried out at the KIA Poly of Pauh City Health Center in Padang during January 2019. The variable in this study was Overactive Bladder (OAB).

Result : In this study, 97.22% of respondents experienced complaints of overactive bladder (OAB), (97.14%) experienced an urgent complaint, and only a small percentage (2.86%) of respondents experienced urinary incontinence. The results of this study indicate that respondents who did not experience complaints of overactive bladder (OAB) were respondents with the smallest parity (parity 1).

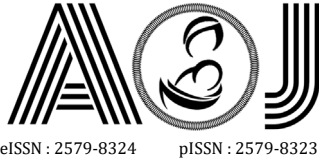
Conclusion : Most respondents experienced complaints of overactive bladder (OAB) and urgency, and only a small proportion of respondents experienced urinary incontinence. The results of this study indicate that respondents who did not experience complaints of overactive bladder (OAB) were respondents with the smallest parity (parity 1).

Keywords: overactive bladder (OAB), Urgensi, inkontinensia urin, Overactive Bladder Symptom Scores (OABSS)

INTRODUCTION

Overactive Bladder (OAB) is a collection of complex symptoms consisting of urgency (a very strong desire to urinate suddenly and difficult to resist), with or without urinary incontinence, usually accompanied by a frequency (urinating up to more than 8 times a day) and nocturia (awakened to urinate more than 1 time).^{1,2,3}

The Januari Continence Society (ICS) defines OAB as a symptom of urgency with or without symptoms of urgency incontinence (urge incontinence) which is usually followed by



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frequency and nocturia. Meanwhile, Paul Abrams (2002) defines OAB as a syndrome with several symptoms of Lower Urinary Tract Symptoms (LUTS) related to urine storage with urgency as the main parameter. The clinician defines OAB as a clinical syndrome characterized by strong urge to urinate (urgency), insistence urinary incontinence (wet OAB) or without insistence urinary incontinence (Dry OAB). The term OAB is used if no evidence of infection or other pathological causes is found.^{4,5}

Overactive bladder (OAB) is a condition related to the disturbance of the voiding process. OAB is characterized by a characteristic symptom of urination. OAB is not a life threatening condition, so patients and health workers are often underestimated. However, the impact of OAB is quite large on daily activities, quality of life, and a sense of well-being. OAB is associated with a decrease in quality of life that is equivalent to other chronic diseases such as diabetes mellitus.^{6,7} OAB is a long-term condition that has the potential to interfere with the quality of life of patients and has a significant economic impact in the long run.⁷

Various studies conducted in Europe and in America show that the prevalence of OAB on these two continents is almost the same, ie, approximately 17% of the general population suffers from OAB. Research conducted by National Overactive Bladder Evaluation (NOBLE) states that 37% of OAB patients complain of insistence urinary incontinence, otherwise known as wet OAB (wet) and 63% not accompanied by insistence urinary incontinence or dry OAB. The 'wet' OAB prevalence will increase with age. It is stated that 'dry' OAB is more common in men than women (36% compared to 7%) and conversely 'wet' OAB is more common in women (9.3% compared to 2.4%).

Symptoms of OAB include presence of urgency, frequency, nocturia, can be accompanied by or without urge incontinence. To find out the severity of OAB, patients can fill out the OAB scoring system designed by Blaivas. These symptoms cause a decrease in quality of life, including the limited physical, psychological, social, sexual, and work productivity activities.^{2,8}

Although OAB is diagnosed only based on symptoms, its assessment is very important for patients and doctors, especially for evaluating the effectiveness of treatment. Multi-item questionnaires have been introduced to evaluate the impact of OAB and treatment outcomes. For example, two different OAB symptom scores (OABSS) were developed by Homma et al and JG Blaivas et al and there were also OAB (AOB-q) and King's Health Questionnaire (KHQ) questionnaires that targeted quality of life. One of the main concerns for doctors who provided OAB treatment was the lack of a widely accepted questionnaire for the assessment of OAB.

OABSS was published in the urology journal in 2007, a few months after the publication of OABSS Homma. Blaivas also uses the OABSS acronym, but this assessment is completely different. The authors mention that although there are many validated questionnaires for



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evaluating symptom of lower tract urinary, here there is no validated OABSS so that the measurement of all aspects of OAB includes the degree of response to urgency. Blaivas OABSS quantifies all aspects of OAB and includes the degree of response to urgency.^{8,9}

At present, first-line OAB therapy includes lifestyle changes, physical and / or behavioral therapy, regulating voiding schedules, and administration of antimuscarinic drugs. First-line therapy can provide a fairly good response, but is very patient compliance. In Januari, studies on second-line therapy in OAB still relatively small.

Non-pharmacological therapy is the first choice for OAB patients. The best is a combination with pharmacological therapy. Surgery is only done if non-pharmacological therapy and pharmacological therapy fails. With this treatment, expected that the quality of life of patients with OAB can be increased.^{2,11,12,13}

There are only a few data on the incidence of OAB, so the authors want to find out the incidence of OAB in KIA polypatients at Pauh Kota Padang Health Center from Januari 2019.

The purpose of this study was to determine the incidence of OAB sufferers in KIA poly patients at Pauh Health Center in Padang City by using OABSS (Overactive Bladder Symptoms Score).

METHOD

This research is descriptive. Data analysis is done univariately. Sampling techniques are purposive sampling by considering inclusion and exclusion criteria. The inclusion criteria in this study were women of ideal reproductive age (20-35 years) who had given birth spontaneously, were not pregnant, did not suffer from neurological disorders, diabetes, post bladder surgery and or urinary tract infections and were not treated with OAB. The exclusion criteria from this study were not willing to take part in the study. The study was carried out at the KIA Polyclinic in Pauh, Padang City during January 2019. Variable in this study was Overactive Bladder (OAB).

RESULTS

Based on research conducted at the KIA Polyclinic in Pauh City of South Sumatra in January 2019, 36 patients met the inclusion criteria. The distribution of samples based on the score of the Blaivas overactivebladder (OAB) questionnaire can be seen in Table 1 below.

Table 1. Distribution of samples based on the score of the Blaivas overactivebladder (OAB) questionnaire

OAB Score	n	%
0 (No OAB complaints)	1	2,78
1-28 (There is an OAB complaints)	35	97,22
Total	36	100



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Table 1 above shows that most (97.22%) of the sample experienced overactive bladder (OAB) complaints.

Table 2. Final Regression Model of Characteristic Association

Type of Overactive Bladder	n	%
Urgency	35	97,22
No Urgency	1	2,78
Total	36	100

The table above shows that the (97.14%) of the sample experienced complaints of urgency (difficult to resist urination).

Table 3. Distribution of samples based on the level of urinary incontinence

Level of urinary incontinence	n	%
Perfectly controlled	6	17,14
Very good	6	17,14
Well	14	40
Bad	8	22,86
Not controlled at all	1	2,86
Total	35	100

The table above shows that only a small percentage (2.86%) of respondents cannot control urine at all (incontinence).

Table 4. Distribution of OAB sufferers based on parity

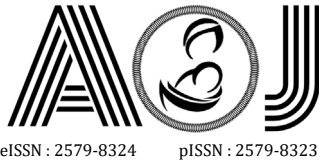
	P1	P2	P3	Total
Suffering from OAB	15 (93,75)	14 (100)	6 (100)	35 (97,22)
Does not suffer from OAB	1 (6,25)	0	0	1 (2,78)
Total	16	14	6	36 (100)

The table above shows that only a small percentage (6.25%) of patients with parity 1 did not experience of overactive bladder (OAB), while patients with more than one parity, all experienced overactive bladder (OAB).

DISCUSSION

The results of this study show that most (97.22%) of the sample experienced overactivebladder (OAB) complaints. There are several studies conducted in women in general, namely in 5502 women in 11 countries in Asia (India, Pakistan, North Korea, Taiwan, Philippines, Malaysia, Indonesia, Thailand, Hong Kong, China and Singapore) it was found that the prevalence of OAB in women in Asia amounted to 53.1%.¹⁴

The National Overactive Bladder Evaluation (NOBLE) conducted a survey by telephone



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in the United States. The overall prevalence of OAB in women was 16.9% of 11,740 study samples.¹⁵

Some literature mentions risk factors that affect the occurrence of overactive bladder disorders (OAB) are age, parity, mode of delivery, menopause, obesity, and a history of previous hysterectomy or gynecological surgery. Millard (2001) states that women who have a vaginal birth history have a 2.5 times greater risk of developing urinary disorders than women who have never experienced labor.^{11,16}

According to Rubin (2003), women who have a Caesarean section will suffer less urinary incontinence than women who give birth normally. The birth process can affect the elasticity of the pelvic cavity where there is stretching in the muscles and tissues during childbirth.

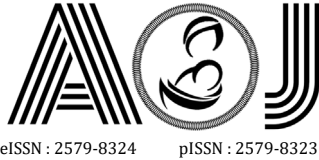
As a result of this stretching can damage the pudendal nerve, pelvic nerve, muscle and surrounding pelvic tissue which can affect the stretching ability of the urethral spingter to contract in response to increased intra- abdominal pressure.¹¹

The results of this study indicate that most (97.14%) of the sample experienced complaints of overactivebladder (OAB) with urgency, where respondents had a very strong desire to urinate which was difficult to delay. This is in line with a survey conducted on nearly 17,000 people aged 40 years or more in 6 European countries with 16.5% reported experiencing one or more of urgency, frequency incontinence or urgency incontinence. In the USA it was reported that 16.9% of women over the age of 18 experienced the above.¹⁷

The study also showed that the majority (40%) of the sample had the ability to withstand urine discharge well, only (2.86%) samples had urinary incontinence. A recent study in Europe of 18-year-old women or more 35% reported unconscious urine output in the last 30 days, of which 20% reported symptoms of urgency incontinence, 37% stress urinary incontinence (SUI) and 33% mixed incontinence. Symptoms of urgency and mixed incontinence increase with age.¹⁷ In general, the results of this study show a higher number compared to the results of previous studies because in this study the sampling was limited to the inclusion criteria, namely women of ideal reproductive age (20- 35 years) who had given birth spontaneously, were not pregnant , not suffering from neurological disorders, diabetes, post bladder surgery and or urinary tract infections and not in OAB therapy.

Recent epidemiological studies have produced data on the incidence of OAB and its effects on quality of life. A group of case control studies in 919 patients identified from a prevalence study in America showed the consequences of incontinence in a specific health condition related to quality of life (HRQL = health quality of life) scale for OAB (OAB-q) .¹⁷

Problems caused by OAB include disruption of physical activity and work, social interactions, psychological problems (depression), disturbances in sleep patterns, and sexual problems which are all disruptions to the quality of life. Overactive bladder (OAB) is a condition that can be treated and does not turn off. In general, OAB treatment is done



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conservatively and operative action is only done if the conservative treatment fails. With this treatment, it is expected that the quality of life for patients with OAB can be increased.^{10,17}

CONCLUSION

Based on the results of this study, it can be concluded that the majority of respondents experienced complaints of overactive bladder (OAB) and urgency, and only a small percentage of respondents experienced urinary incontinence. parity 1).

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