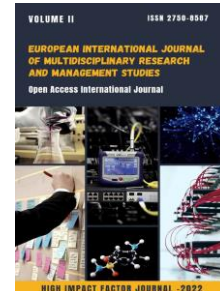


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**MODIFICATION OF THE QUESTIONNAIRE "ICIQ-SF ASSESSMENT OF THE QUALITY OF
LIFE OF WOMEN WITH URINARY INCONTINENCE"*****Tilavova Sitora Amirzoda****Assistant Of The Department Of Obstetrics And Gynecology №1 Samarkand State Medical University,
Uzbekistan****Khudoyarova Dildora Rakhimovna****Dcs, Head Of The Department Of Obstetrics And Gynecology №1 Samarkand State Medical University,
Uzbekistan***ABOUT ARTICLE**

Key words: Urinary incontinence (UI), stress urinary incontinence, overactive bladder syndrome (OABS), heavy fetus, complicated obstetric anamnesis, obesity, ICIQ-SF questionnaire, premenopausal age.

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Abstract: This article presents the materials of the research work of the Department of Obstetrics and Gynecology No. 1 in premenopausal age patients with urinary incontinence. The results of assessing the quality of life of patients with urinary incontinence are presented, the survey was conducted among 128 patients of the premenopausal period. The ICIQ-SF quality of life questionnaire in patients with urinary incontinence has been modified. Analysis of the answers of the women asked using the modified questionnaire showed that women with severe UI were more common - 39.8%. Very severe UI is less common - 14.5%.

INTRODUCTION

Recent studies show that every second woman during menopause has symptoms of urogenital tract discomfort in the form of urination disorders, urinary incontinence, dyspareunia, dryness and itching [2, 5, 13, 14]. Many researchers give different information about the differentiation and frequency of this pathological condition. Gadzhiyeva Z.K. according to (2001), the frequency of urinary incontinence (UI) in women living in Moscow is 8.7% at the age of 25-34 years, increasing to 33.6% at the age of 55-74 years, where the stress type of UI prevails (78%).

In recent years, the problem of urinary incontinence in premenopausal women has become the leader among other symptoms of menopause, as they have a significant negative impact on the quality of life of this category of patients. The lack of attention to urogenital diseases in our country is evidenced by the widespread opinion among elderly women that this pathology is an integral part of aging, as well as the fact that women believe that they have limited access to real medical care [1, 6, 7, 9, 11]. Many researchers give the differentiation and frequency of this pathological condition. According to Yu.G. Alyaeva (2011), the frequency of urinary incontinence (UI) in women of the city of Moscow is 8.7% at the age of 25-34 years and increases to 33.6% at the age of 55-74 years. type (78%) prevails in this pathological condition.

According to S. Caruso (2019), age, vaginal births, chronic constipation, obesity, and changes in hormonal status are recognized risk factors for ST. A similar point was made by P. H. Angelo J. et al. (2020) also reported. According to them, the most important risk factor is perineal trauma caused by vaginal delivery, which leads to disruption of the innervation of pelvic structures. Interestingly, this pathological process can occur not only during labor, but also during pregnancy and may not depend on the method of delivery [5, 12-13, 18].

Purpose of the study: Modification of the questionnaire "ICIQ-SF Assessment of the quality of life of women with urinary incontinence" and evaluation of the quality of life of premenopausal women with urinary incontinence.

Materials and methods. In this study, 108 premenopausal women were selected for the study and divided into 2 groups: 1st main group - 83 women with ST, 2nd group - 25 healthy women. All women under observation underwent a thorough study of the somatic, obstetric and gynecological anamnesis, as well as a careful clinical examination, taking into account age, menstruation and the state of the reproductive system. General examination, external and internal gynecological examination, general clinical analysis of blood and urine, blood group and Rhesus factor (Rh) were determined, hormonal background indicators, bacterioscopic examination of the cervix and vaginal contents revealed normal lactoflora. was carried out using microbiological methods to determine the nature of the microflora. All laboratory analyzes were carried out in the laboratory department of multidisciplinary clinic No. 1 of SamSMU.

The data obtained during the study were subjected to statistical processing using the Microsoft Office Excel-2012 software package on a Pentium-IV personal computer, including the use of built-in statistical processing functions. The arithmetic average value (M), standard deviation, standard error

of the average (m), relative values (frequency, %), statistics of the measurements obtained when comparing the average values of the studied indicator significance was determined by calculating the probability of error (P) in testing the normality of the distribution (according to the kurtosis) with Student's test (t) and equality of common variances (F - Fisher's test).

Results and discussion. In the main group of studied women, symptoms of urinary incontinence were manifested in daily activities: laughing for a long time, coughing, when doing physical work for a long time (43.4% of women in the main group RR = 2.13), body position during sleep changing (16.9% in the main group RR = 1.52), lifting heavy objects (30.2% in the main group RR=1.62), during sex (14.5% in the main group RR= 0.61). These signs were not found in women of the control group.

The identification of risk factors for the development of urinary incontinence began with the study of the history of extragenital diseases (Diagram 1).

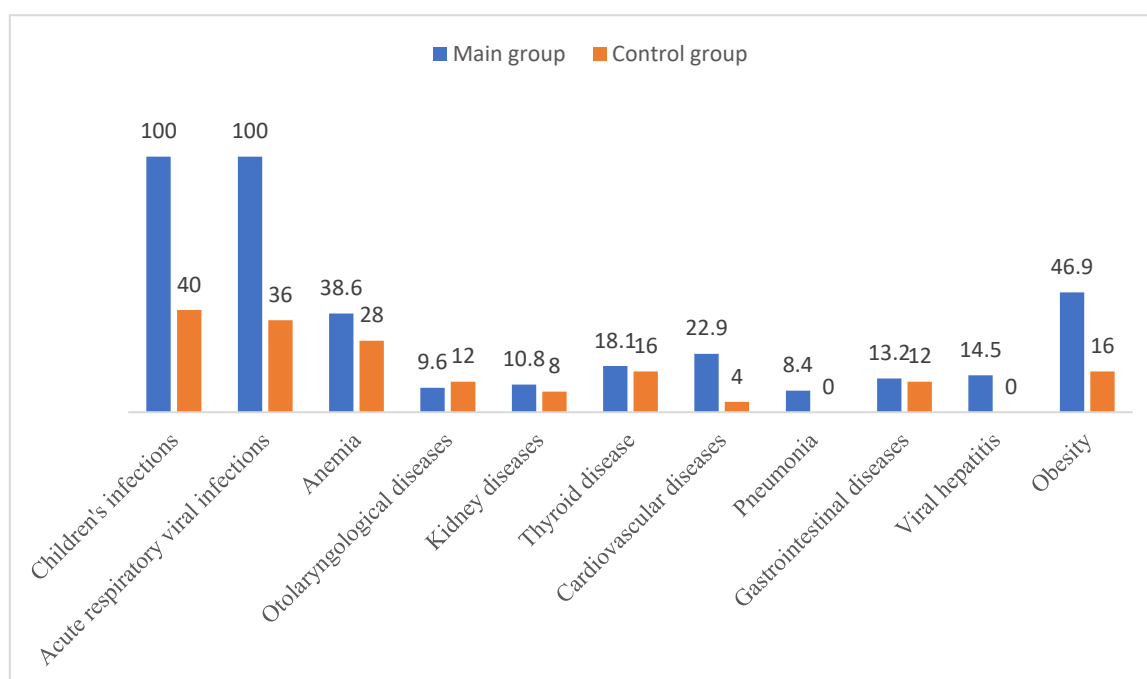


Diagram 1. The frequency of extragenital diseases in the anamnesis of premenopausal women (%) (p>0,05)

It is noteworthy that a high index of infectious diseases was noted in all examined women of the main group. Almost all women of the main group have acute respiratory diseases and infectious diseases in childhood. In the control group, this indicator was significantly (2.5 times) less. The transferred somatic diseases contributed to the deterioration of the condition of various body systems necessary for the proper development of a woman's reproductive and urinary systems. In addition, most of the women

in the main group, 70 (54.7%) were diagnosed with at least 3 of these diseases. Another important factor is obesity, especially abdominal obesity, which is extremely dangerous. Obese women are 4-5 times more likely to experience urinary incontinence than women of normal weight. We can see this when we compare it with the control group (16%).

Analysis of gynecological anamnesis showed that it was significantly aggravated in the main group: colpitis was detected in more than half of the main group of examined women - 45 (54.2%) (Table 1).

Table 1

Anamnesis of gynecological diseases in premenopausal women with urinary disorders

Indicators	Main group (n=83)		Control group (n=25)		R	P
	a	%	a	%		
	bs		bs			
Colpits	4	5	3	12,	1,	>0,0
	5	4,2		0	94	5
Services	1	1	2	8,0	1,	>0,0
	2	4,5			54	5
Cervical erosion	1	1	1	4,0	1,	<0,0
	4	6,9			98	5
Inflammatory diseases of the uterus	1	1	2	8,0	1,	>0,0
	6	9,3			15	5
Inflammatory diseases of the fallopian tubes	3	4	1	4,0	2,	<0,0
	8	5,8			31	01
Menstrual disorders	8	9	4	16,	4,	<0,0
	0	6,4		0	52	5
Vulvit	4	5	2	8,0	0,	<0,0
	6	5,4			64	5

Genital prolapse	7	9	0	0	3,	>0,0
	6	1,6			21	5

Menstrual dysfunction was observed in the most frequently examined women - 80 (96.4%) women in the main group and 16% in the control group, relative risk RR = 4.52. Genital prolapse took the next place - 91.6 in the main group. % of women, but none in the control group.

Obesity, especially abdominal obesity, overweight, multiple pregnancies and deliveries are risk factors (RR = 3.04) for weakening and stretching of the pelvic floor muscles. In our survey, 25 (30.1%) patients in the main group had various degrees of obesity. In addition, heavy physical work may also serve as a risk factor to some extent (RR=1.35). According to patients, 12.9% (11) of the main group worked in hard physical labor conditions.

In order to determine the causes of urinary incontinence, the results of previous pregnancies and childbirth are important for women examined: spontaneous abortion was observed in 9 (10.8%) women in the main group, premature births in 15 (18.1%) women, non-developing pregnancy - occurred in 4 (4.8%) persons, respectively.

Pelvic floor muscle weakness is also a risk factor (RR=2.48). Obstetrical complications are often associated with multiple births and heavy fetuses. A large number of pregnancies and deliveries lead to a change in the position of the uterus, as well as surgeries performed in the uterus and abdomen lead to relaxation of muscle tone in the later period (RR = 2.52). 43.4% of women with UI had a high birth weight, compared to only 2 women (8%) in the control group. In women, during the birth of a large fetus, the birth canal, pelvic muscles are damaged (RR = 2.23), there may be cracks and tears in the pelvic region, which is a risk factor for the development of UI later (RR = 3,2) is considered.

In order to form objective indicators of urination, as well as to adequately evaluate its results, it is necessary to use special questionnaires in assessing the quality of life of patients. To date, there are no questionnaires in plain language specially developed for this group of patients in the CIS countries. The purpose of changing the questionnaire was to assess the quality of life of premenopausal patients with urinary incontinence. We introduced modifications to the ICIQ-SF Questionnaire on the Impact of Urinary Incontinence on the Quality of Life, which includes 10 questions that assess the quality of life of patients with UI. This modified questionnaire is designed to assess the quality of life of patients in the premenopausal period of life.

The results were calculated in points, and they were interpreted in the following points:

- 0-9 - mild level of urinary incontinence
- 10 - 17 - average level of urinary incontinence
- 18 - 24 severity of urinary incontinence
- 25 - 30 - very severe level of urinary incontinence

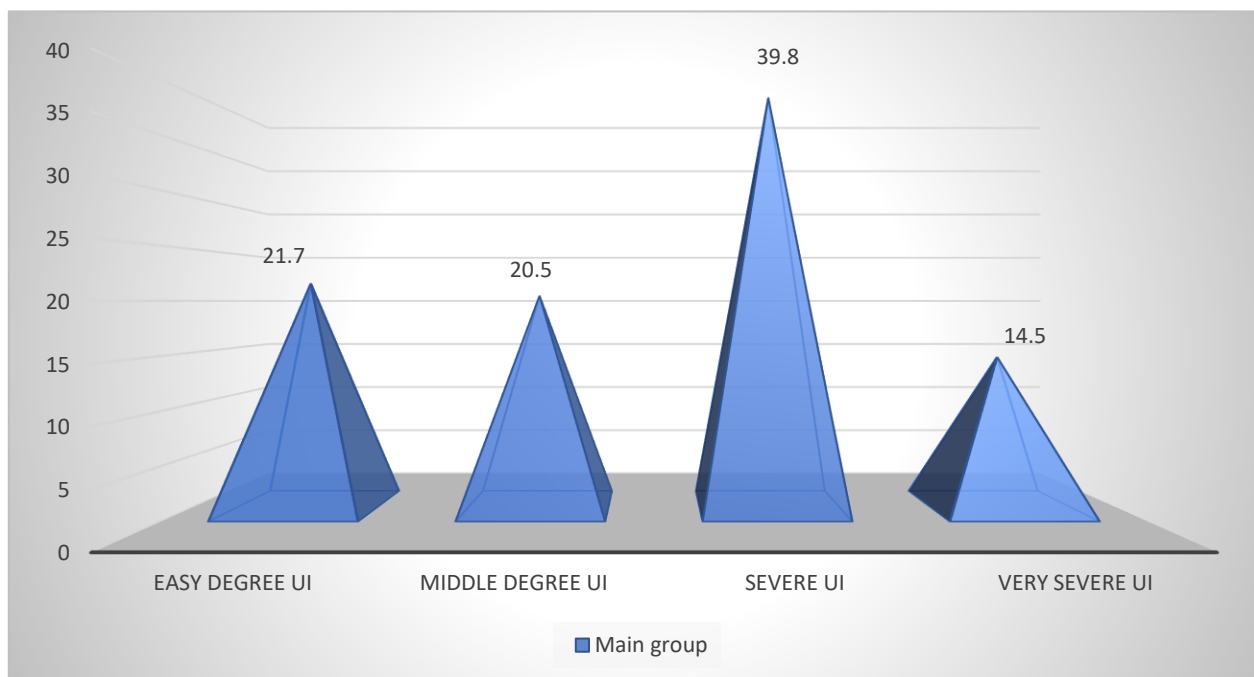


Diagram 2. Analysis of the results of the responses of women who participated in the survey (%)

Analysis of the questionnaire responses of the studied women showed that severe ST is more common in women - 39.8% in the main group. Very severe ST was less common, 14.5% (diagram 2).

Conclusions: Risk factors for the development of urinary incontinence in premenopausal women include inflammatory diseases of the uterus (RR = 2.31), menstrual dysfunction (RR = 4.52), prolapse of the genitals (RR = 4.74), spontaneous abortion (RR=2.69), history of more than 3-4 births (RR=6.40), heavy fetus (RR=3.2), obesity (RR=3.04), pelvic floor muscle damage (RR=2.23), pelvic floor muscle weakness and low tone (RR=2.48).

Analysis of the answers of the women asked using the modified questionnaire showed that women with severe UI were more common - 39.8%. Very severe UI is less common - 14.5%.

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