

16. Impact of Urinary Symptoms on Quality of Life in Community Female Residents

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【Objective】 To identify how urinary symptoms affected quality of life (QOL) in elderly community residents.

【Methods】 The subjects were 387 of 508 women who attended lectures on prevention of urinary incontinence at two sites and agreed to participate in the study. Self-reported questionnaires were distributed to the participants after the lecture. The questionnaire included participant background, the Japanese version of ICIQ-SF and I-PSS. SPSS15.1J was used for analysis. This study was approved by Institutional Review Board on epidemiological studies of Gunma University.

【Results】 There were significant correlations between QOL related to urinary symptoms and all ICIQ-SF and I-PSS (Spearman's $r=0.292\sim 0.577$, $p<0.01$). Stepwise logistic regression analysis (QOL as dependent variable, and ICIQ-SF and I-PSS as independent variables) revealed that "leaks when you cough or sneeze," "frequency" and "nocturia" were significant factors related to QOL ($p<0.05$). **【Discussion】** Urinary symptoms affected QOL of community female residents, especially "leaks when you cough or sneeze," "nocturia," and "frequency" affected QOL. The previous studies reported that "dribbling," "frequency," "urgency," "straining," and "nocturia" were related factors to QOL. These findings warrant future studies on pelvic floor muscle exercise, effective use of urinary pads, promotion of prevention activities of urinary disorder and access to urologists.

17. Usefulness of Relaxation Technique for Diabetic Blood-sugar Control-difficult Patient by Analysis of One Clinical Case

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Objective of Study : To examine the usefulness of relaxation technique called Progressive Muscle Relaxation (PMR) focusing on the respiration exercise as a stress

management for blood-sugar control-difficult patients who are Type II diabetic outpatients. **Methodology :** The subject patient was one case of Type II diabetic out-patient (male, age of 45, under oral medication) who was difficult to be controlled for blood sugar, and who was pointed out as having hyperglycemia and hyperlipidemia at the time of his company's health check in 2002, but having neglected any medical treatment, and was again pointed out the same conditions in 2003 when he started to receive the treatment at our hospital as an outpatient, but has repeatedly interrupted the treatment at his own will. The authors advised and implemented the program of interviews and PMR for the subject patient at the consulting occasions at our diabetes-specialized outpatient department. As the materials for evaluation, we collected the questionnaire on the implementation of self-care, the physiological data before and after the program at each time of consultation in our outpatient department, measurement of psychological indexes, and the laboratory data obtained at each time of consultation. The present study has been approved by the clinical ethical committee belonging to our hospital's study groups and the committee of research for health care of the Division of Health Sciences. **Results :** At the first interview, the patient made negative comments, and verbally showed a state of mind of apprehension for future with the passive attitude toward the improvement in daily life. On the other hand, he expressed his consent to the study participation, so far as the study was easily done, under the observation of researchers. The level of HbA1c was found to be stable through the period of 6 months' intervention, and was able to receive the continuous treatment as well as the relaxation exercise both in the outpatient department and at home. Blood pressure, pulse and salivary amylase values were decreased after the treatment, while the relaxation index showed increase. In the aspect of daily life, the frequency of using the relaxation technique at the time of experiencing stress indicated an increase 3 months after the onset of the treatment. At the same time, he obtained the increased sense of having a sound sleep, a decreased displeasure such as orthostatic vertigo, and was able to continue non-smoking and non-alcohol habits. For the level of cortisol during 6 months, however, it was not enough to detect and measure salivary secretion, in which the patient would complain of a continuous sense of dryness. **Discussion :** Successful acquisition of a sense of pleasure