

An exploration of the impact of bladder dysfunction experienced by people with Multiple Sclerosis



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Introduction

Multiple sclerosis (MS) is a chronic disease of the central nervous system that often has a disabling effect, resulting in reduced quality of life (QoL) in people with MS (PwMS).

Bladder dysfunction remains a frequently overlooked problem in PwMS despite the fact that it has been found to affect approximately 75% of (PwMS) at some stage in their lives. (Norvedt et al 2007).

Very few studies to date have attempted to analyse the impact of bladder dysfunction in PwMS. This knowledge is necessary to implement best practice in the management of this issue and consequently enhance the QoL in PwMS.

Aims

- To gain a greater understanding of the impact of bladder dysfunction in PwMS
- To gain an insight into how bladder dysfunction may affect QoL in PwMS
- To determine what particular aspects of life bladder dysfunction may impact on.

Methodology

Study Design: A qualitative methodology using a thematic approach was employed (Braun and Clarke 2006). Semi-structured interviews were deemed the most appropriate method for this study.

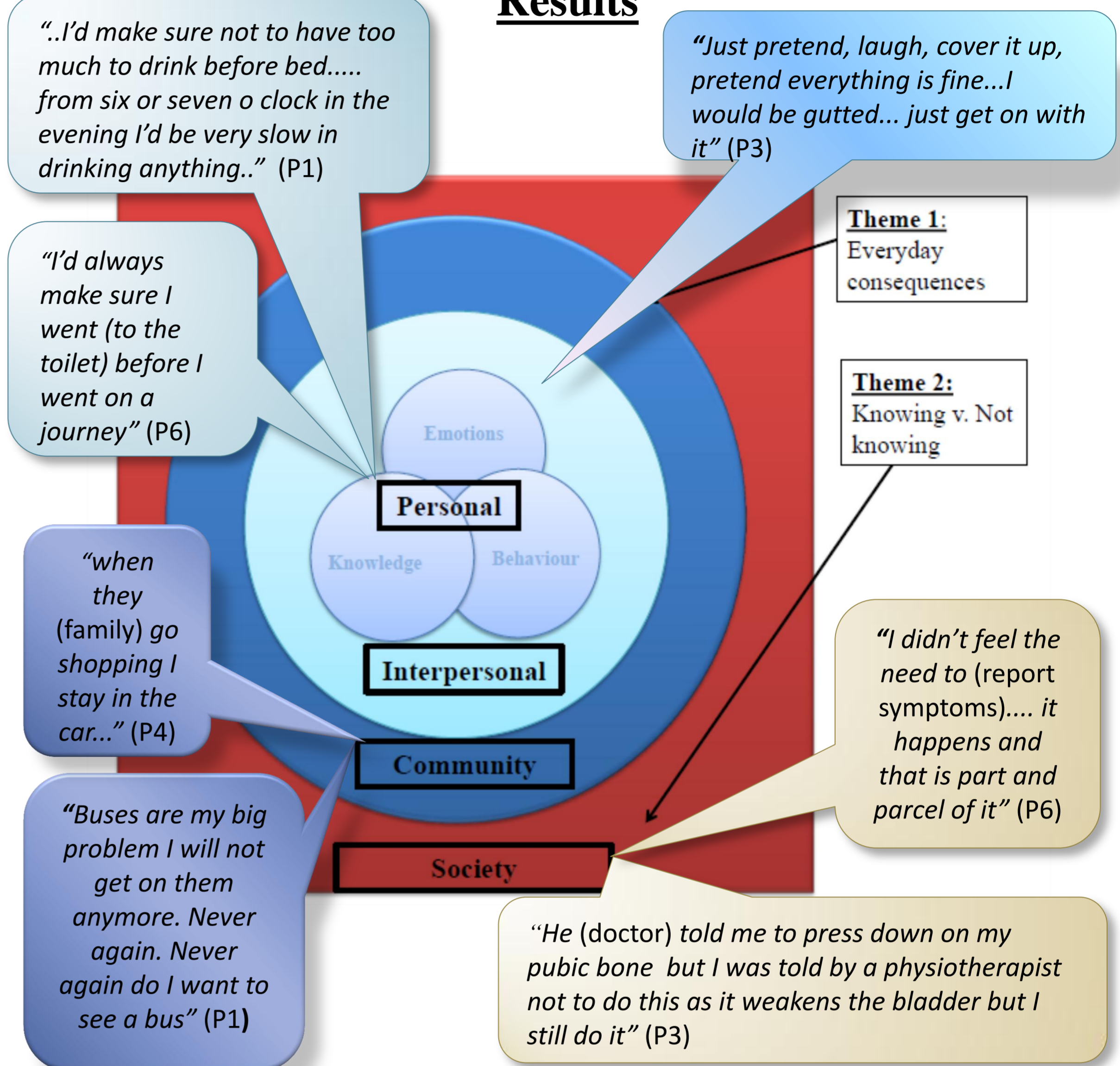
Question Development: Questions were developed based on previous questionnaires directed at assessing quality of life in MS patients (Vickrey et al 2005; Hobart et al 2001). Questions were piloted on two PwMS not included in the study to examine them for their appropriateness and sensitivity.

Participants: Following ethical approval by the University of Limerick Research Ethics, participants were identified using purposive sampling techniques. Participants were recruited from one branch of the Multiple Sclerosis Society of Ireland.

Data Collection: Semi-structured interviews were conducted in a private room in the University of Limerick. Interviews lasted 40-60 minutes. All interviews were audio-taped.

Data Analysis: Theoretical thematic analysis was used to identify the main themes (Braun and Clarke 2006). This process included transcription of the data verbatim, followed by repeatedly reading transcripts. Initial codes were generated to summarize sentences both within the scripts and across all the data. These codes were then further analysed and collated into categories and themes. Member checking letters were sent with the main findings of each interview to enhance validity.

Results



Six participants took part in this study (Male=3, Female=3).

Theme 1 **"everyday consequences"** is presented within the blue circles and represents the impact of bladder dysfunction throughout the different levels of society: at a personal level, interpersonal relationships, and within the community. The compensation strategies employed by PwMS should not be underestimated as reducing fluid intake and forcing urination may result in negative repercussions.

Theme 2 **"knowing versus not knowing"** is displayed in the red and represents bladder dysfunction within the vast realm of society as a whole. A gap in knowledge became evident in terms of the type of strategies employed by participants, their understanding of bladder dysfunction and reporting symptoms to health professionals. The confusion regarding which strategies they should be implementing raised the issue of current management of bladder dysfunction in PwMS.

Previous research has shown that the stigma and the belief that bladder dysfunction is an unavoidable result of the progression of MS has prevented many PwMS from seeking help (Goldstein et al 1992). As a result of today's social norms, bladder dysfunction is a focal part of what PwMS endure in silence.

Key Messages

- Bladder dysfunction is associated with an abundance of physical and behavioural factors that can impose a social and emotional burden throughout all levels of society.
- Health-care professionals must question directly PwMS about bladder difficulties. The silence of bladder dysfunction needs to be broken in order to maximise patient care.
- Future research is needed to investigate current practice in relation to current management of bladder dysfunction in PwMS.

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