

• 临床研究 •

老年女性尿失禁的国际功能、残疾和健康分类核心类目初探

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[摘要] 目的: 初步确定老年女性尿失禁的《国际功能、残疾和健康分类》(International Classification of Functioning, Disability and Health, ICF)核心类目。方法: 检索中外数据库中关于老年女性尿失禁相关文献, 由2名专业研究人员对文献中的概念进行提取, 而后进一步与相关ICF类目对应, 制定初步调查问卷。邀请100例符合条件的尿失禁患者填写调查问卷, 将超过30%尿失禁患者认为对自己有影响的类目制成核心类目I。向35位相关医疗工作者发送问卷, 将超过50%医疗工作者认为的影响老年女性尿失禁的类目汇总为核心类目II。核心类目I和II相重叠的部分作为老年女性尿失禁ICF核心类目。结果: 老年女性尿失禁的ICF核心类目共有29个, 其中“身体功能”8个, “身体结构”2个, “活动和参与”8个, “环境因素”11个。结论: 初步构建了老年女性尿失禁的ICF核心类目录, 为临床开展循证康复管理提供了可操作的理论模型。

[关键词] 尿失禁; 老年女性; 国际功能、残疾和健康分类; 功能障碍

[中图分类号] R694.54

[文献标志码] A

[文章编号] 1007-4368(2025)06-837-07

doi: 10.7655/NYDXBNSN241484

A preliminary study on the International Classification of Functioning, Disability and Health Core Sets for urinary incontinence in older women

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[Abstract] **Objective:** To identify the International Classification of Functioning, Disability, and Health (ICF) core Sets for urinary incontinence in older women. **Methods:** A preliminary questionnaire was developed through a literature search on urinary incontinence in older women across Chinese and international databases. Two professional researchers independently extracted key concepts from the literature and mapped them to corresponding ICF categories to develop a preliminary questionnaire. The questionnaire was administered to 100 eligible female urinary incontinence patients; categories identified by >30% of patients as significantly impactful were compiled as Core Set I. Simultaneously, 35 healthcare professionals were surveyed, with categories endorsed by >50% of clinicians forming Core Set II. The intersection of Core Sets I and II constituted the final ICF core sets for older women with urinary incontinence. **Results:** The ICF Core Sets for urinary incontinence in older women includes 29 core items: 8 for “body function”, 2 for “body structure”, 8 for “activity and participation”, and 11 for “environmental factors”. **Conclusion:** The study initially established a core set of ICF items for urinary incontinence in older women, providing an operable theoretical model for evidence-based rehabilitation management in clinical practice.

[Key words] urinary incontinence; older women; International Classification of Functioning; Disability and Health; functional impairment

[J Nanjing Med Univ, 2025, 45(06): 837-843]

[基金项目] 江苏省卫生健康委科研课题合同(Ym2023051)

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尿失禁(urinary incontinence, UI)是一种常见的疾病,被定义为尿液不受自主控制而流出的现象^[1]。可分为压力性尿失禁、急迫性尿失禁和混合性尿失禁。据统计,女性尿失禁患病率是男性的2倍^[2]。尿失禁影响了51%的女性,其患病率随年龄增长而上升^[3]。尿失禁病程较长,难以治愈,影响学习、生活、社交等方面,严重降低生活质量^[4]。当前老年女性尿失禁治疗的主要目标是缓解症状、改善健康状况并提升生活质量。实现这一目标需依赖全面、精准和个性化的评估。然而,现有评估工具多侧重于症状,难以全面识别影响患者健康功能和生活质量各类因素。

《国际功能、残疾和健康分类》(International Classification of Functioning, Disability and Health, ICF)是由世界卫生组织创建的一个综合评估框架,从残疾人融入社会的角度出发,对个人的健康状态进行了全面分类,符合“生物—心理—社会”的健康理念。ICF有1 400多个类目,使其在临床实践中的应用变得困难。为了克服这一困难,世界卫生组织创建了与某些特定健康状况相关的精选类别组成的汇总列表,称为核心类目^[5]。目前ICF评估体系已经在脑卒中、糖尿病、冠心病等多种常见疾病的康复治疗中应用^[6-8],而鲜有关于在ICF框架下评估尿失禁老年女性健康功能状况的文献报道。

本研究从临床实践需求出发,旨在创建老年女性尿失禁的ICF核心类目,为该类患者提供较全面、精准的评估工具,用于指导老年女性尿失禁的康复治疗和健康管理工作。

1 对象和方法

1.1 对象

按照事先制定好的标准,由2名研究人员独立检索PubMed、Web of Science、The Cochrane Library、SinoMed、Embase、EBSCO、中国知网、万方和维普共9个数据库。检索时间为2014年1月—2023年1月,末次检索在2023年1月26日。

本研究所用病例为苏州大学附属第一医院泌尿外科、妇产科、康复科等科室就诊的尿失禁患者。入选标准:年龄 ≥ 60 岁的女性;患者被告知且能理解实验的目的;存在明确的尿失禁症状,确诊为尿失禁。医疗专业人员:康复科、妇产科及泌尿外科医师,康复治疗师;具有2年以上的尿失禁相关诊疗经验;同意参与本研究。患者排除标准:合并严重心血管、呼吸系统疾病;合并中枢神经损伤;存在严重认知障碍;有骨盆、盆腔外伤、手术史(生育除外)。

本研究经苏州大学附属第一医院伦理委员会审核(审批号:2022041),患者均签署知情同意书。

最终完成调查的患者共计100例,年龄(67.3 ± 5.7)岁,身高(154.7 ± 5.3)cm,体重(46.4 ± 4.7)kg,体重指数(body mass index, BMI)为(19.1 ± 3.4)kg/m²,生育次数(4.3 ± 1.4)次。其中,16例为急迫性尿失禁,60例为压力性尿失禁,24例为混合性尿失禁。共纳入医疗专业人员35例,其中康复科医师14例,康复科治疗师13例,泌尿外科医师5例,妇产科医师3例,工龄(8.2 ± 4.9)年。

1.2 方法

由2名专业研究人员对检索所得文献中的概念进行提取,而后进一步与相关的ICF类目对应,筛选出相关的类目,制成调查问卷。

患者问卷:根据ICF限定值的量化标准评估患者不同类目问题的严重程度。其赋值与损伤程度的关系为:损伤程度4%~10%为没有问题,赋值0;损伤程度5%~24%为轻度问题,赋值1;损伤程度25%~49%为中度问题,赋值2;损伤程度50%~95%为重度问题,赋值3;损伤程度96%~100%为完全问题,赋值4;损伤程度未特指,赋值9;损伤程度不适用,赋值9。由于本研究涉及的调查对象为老年女性,可能不能很好地理解每一项ICF类目的含义,因此研究者给每一条类目都赋予了通俗易懂的指导语。对问卷结果进行统计分析,将对患者有影响的类目标记为1,无影响的类目标记为0。在此基础上,附加12条简明健康状况调查问卷(short fom-12 health survey-version2, SF-12)以及传统的尿失禁生活质量问卷(incontinence quality of life questionnaire, I-QOL)作为参考。SF-12量表包括生理评分(physical composite scale scores, PCS)和心理评分(mental health composite scale scores, MCS),根据量表使用手册中的标准算法进行计算,得分越低,意味着健康状况越差。

医疗工作者问卷:将调查问卷发送给35位医疗工作者,以收集他们的看法。在身体功能、身体结构、活动和参与类目中,医师或治疗师仅需根据对类目的判断选择“有障碍”和“无障碍”。在环境因素中,若医师或治疗师认为某一因素对患者有益,选择“促进”;若认为有不利影响,则选择“阻碍”;否则选择“无影响”。最后,分析问卷结果,被认定为对老年女性尿失禁患者有影响的类目标记为1,未被认定为有影响的标记为0。

1.3 统计学方法

本研究采用了描述性统计方法。以频率的形式呈现ICF类目的评估结果。将限定值得分为1~4分

的类目纳入统计。患者调查中保留频率超过30%的类目作为核心类目 I^[9]。在专家调查中,提取超过50%医疗工作人员标记为1的ICF类目,制成核心类目 II^[10]。最后,整合核心类目 I 与核心类目 II 中相重合的类目,制作老年女性尿失禁患者的核心类目表,所有核心类目均呈现为二级类目^[11]。

2 结果

2.1 文献检索结果

分析了93篇文献,从中提取了154个有意义的概念,并将其对应到77个ICF类目。这些类目包括

17个“身体功能”类目、10个“身体结构”类目、25个“活动和参与”类目以及25个“环境因素”类目。

2.2 确立条目

患者评估得到核心类目 I,包含44个ICF类目,分别为13个“身体功能”类目、2个“身体结构”类目、13个“活动和参与”类目以及16个“环境因素”类目(表1)。

医疗工作者评估得到核心类目 II,包含38个ICF类目,其中包括11个“身体功能”类目、2个“身体结构”类目、9个“活动和参与”类目以及16个“环境因素”类目(表2)。

表1 核心类目 I
Table 1 Core items I

ICF category/code	ICF item name	Frequency (%)	ICF category/code	ICF item name	Frequency (%)
Body functions			d530	Toileting	95
b134	Sleep functions	60	d560	Drinking	34
b144	Memory functions	32	d570	Looking after one's health	44
b152	Emotional functions	43	d630	Preparing meals	36
b160	Sensory functions	50	d640	Doing housework	40
b280	Sensation of pain	32	d660	Assisting others	37
b435	Immune system functions	39	d920	Recreation and leisure	44
b450	Additional respiratory functions	64	Environmental factors		
b455	Exercise tolerance functions	38	e110	Products for personal consumption	88
b525	Defecation functions	47	e115	Products and technology for daily living	48
b620	Urinary functions	96	e150	Design, construction and building products of public facilities	94
b630	Sensations associated with urinary functions	60	e155	Design, construction and building products of private facilities	100
b640	Sexual functions	34	e225	Climate	68
b670	Sensations related to genital and reproductive functions	30	e250	Sound	62
Body structures			e310	Immediate family	84
s610	Urinary system structures	96	e320	Friends	36
s740	Pelvic region structures	84	e340	Personal care providers	51
Activities and participation			e355	Health professionals	96
d230	Carrying out daily routines	34	e410	Attitudes of immediate family members	65
d350	Conversation	42	e425	Attitudes of acquaintances	56
d410	Changing basic body position	40	e525	Housing services	46
d420	Transferring oneself	39	e560	Media services	45
d430	Lifting and carrying objects	40	e570	Social security services, systems, and policies	46
d455	Moving around	59	e580	Health services, systems, and policies	95

整合核心类目 I 与核心类目 II, 初步确定的老年女性尿失禁核心类目集, 包括 32 个核心类目, 之后组织专家开会讨论, 考虑到临床的可操作性, 将“身体功能”部分的 b134 睡眠功能以及“环境因素”中的 e225 气候及 e570 社会保障服务剔除。原因是睡眠障碍多由夜尿症间接引发, 其评估可通过 b620 排尿频率间接反映, 而气候的临床干预价值低, 社会保障政策对尿失禁管理的干预路径过长, 保留更直接的 e580 卫生政策更实用。最终确定的核心类目集包括 29 个类目, 其中“身体功能”类目有 8 个,

“身体结构”类目有 2 个, “活动和参与”类目有 8 个, “环境因素”类目有 11 个(表 3)。

2.3 其他调查问卷

SF-12 患者的 PCS 为 (42.2±2.4) 分, MCS 为 (38.7±3.1) 分。I-QOL 患者的得分为 (62.3±6.4) 分。

3 讨论

检索文献发现, 国外也有团队尝试编制女性尿失禁 ICF 核心类目, 其研究方法为将 4 份最常用的评估尿失禁妇女生活质量的问卷(国际尿失禁咨询

表 2 核心类目 II
Table 2 Core Items II

ICF category/code	ICF item name	Frequency (%)	ICF category/code	ICF item name	Frequency (%)
Body functions			d560	Drinking	77
b122	Global psychosocial functions	75	d570	Self-care management	63
b130	Energy and drive functions	63	d640	Doing housework	69
b134	Sleep functions	75	d920	Recreation and leisure	66
b144	Memory functions	51	Environmental factors		
b152	Emotional functions	61	e110	Products for personal consumption	80
b160	Sensory functions	51	e115	Assistive products and technologies for daily living	77
b450	Additional respiratory functions	77	e150	Design/construction of public buildings	83
b455	Exercise tolerance functions	66	e155	Design/construction of private buildings	89
b525	Defecation functions	48	e225	Climate	77
b620	Urinary functions	96	e250	Sound	74
b630	Sensations associated with urinary functions	60	e310	Immediate family	93
Body structures			e320	Friends	66
s610	Structures of the urinary system	94	e340	Personal care providers	89
s740	Structures of pelvic region	80	e355	Health professionals	94
Activities and participation			e410	Attitudes of immediate family	89
d230	Performing daily routines	60	e450	Attitudes of health professionals	94
d430	Lifting and carrying objects	66	e460	Societal attitudes	71
d450	Walking	51	e530	Transportation services	71
d455	Moving around	80	e570	Social security services, systems, and policies	83
d530	Toileting	94	e580	Health services, systems, and policies	91

表3 老年女性尿失禁 ICF 核心类目集

Table 3 Elderly female urinary incontinence ICF core sets

ICF category/code	ICF item name
Body functions	
b144	Memory functions
b152	Emotional functions
b160	Sensory functions
b450	Additional respiratory functions
b455	Exercise tolerance functions
b525	Defecation functions
b620	Urinary functions
b630	Urination-related sensations
Body structures	
s610	Structures of urinary system
s740	Structures of pelvic region
Activities and participation	
d230	Carrying out daily routines
d430	Lifting and carrying objects
d455	Moving around
d530	Toileting
d560	Drinking
d570	Self-care
d640	Doing housework
d920	Recreation and leisure
Environmental factors	
e110	Products for personal consumption
e115	Assistive daily living products
e150	Public building design/construction
e155	Private building design/construction
e250	Sound
e310	Immediate family
e320	Friends
e340	Personal care providers
e355	Health professionals
e410	Family attitudes
e580	Health service policies

问卷、国王健康问卷、尿失禁生活质量问卷和布里斯托尔女性尿路症状问卷)的内容与ICF相联系,最终分析得出48个核心类目^[12],而后在巴西的调查证明了这份核心类目的信度及效度^[13]。在“身体功能”、“活动和参与”部分,本核心类目数量要少于国外版本,而在“环境因素”部分,国外版本仅包含4个核心类目,远远少于我们的数量。这种情况可能源于国外版本主要从现有尿失禁量表中提取核心类目,而这些量表多侧重于身体功能和活动,较少考虑环境因素。本文在筛选时兼顾了环境因素,更符合

ICF的理念。

经阴道分娩、经产是尿失禁的重要危险因素^[14],因此在“身体功能”这一部分,b620排尿功能和b630与泌尿功能相关的感觉被选入。另外有研究发现慢性咳嗽、便秘等疾病会导致腹压升高,也会诱发尿失禁^[15-16],因此b450辅助呼吸功能及b525排便功能被选入。还有研究表明,尿失禁导致患者夜间漏尿或频繁起夜,导致反复惊醒及难以再次入睡,进而降低了睡眠质量和生活质量。睡眠功能的下降又会进一步加重尿失禁症状,二者形成恶性循环^[17]。尿失禁引发的各种不适对患者的心理健康产生了重大影响,一项荟萃分析研究结果表明,尿失禁患者的抑郁和焦虑水平显著高于非尿失禁患者^[18],属于“精神功能”的类目高达44%,临床医疗工作者需更加重视这方面的干预。

在“身体结构”中仅有2个相关的类目,s610为泌尿系统结构的损伤,与尿失禁受累的主要器官系统一致。s740为骨盆部位结构的损伤,在临床中,女性盆底功能障碍性疾病(pelvic floor dysfunction, PFD)是盆底的支持结构缺陷、损伤及功能障碍所造成的一类疾病,常见于有妊娠、分娩史的女性,而老年女性发生率更高,患病率是20~29岁女性的8倍。本次调查中,压力性尿失禁及混合性尿失禁患者占到了84%,这些患者中有妊娠、分娩史的占100%。随着我国逐渐步入老龄化社会,老年女性的PFD更应得到重视,改善其预后^[19]。

活动和参与受限在老年尿失禁女性患者中普遍存在,共有11个类目被选中,其中d530入厕困难为尿失禁患者最常见的活动障碍,且患者在自理、家庭任务、社会生活中均有不同程度的活动受限,分析造成这种现象的原因可能是由于研究对象是老年人,其尿失禁严重程度导致其生活质量下降更明显。尽管如此,一项研究发现,尿失禁患者的患病率高但就诊率低^[20],针对此现象,需建立早期预防体系,对尿失禁高危人群进行早期筛查,做好对老年群体关于尿失禁的科普,重点消除对尿失禁的羞耻感与就医无用论,在社区推广“3+3”凯格尔运动法^[21]。对轻度尿失禁患者,可以进行家庭改造(e155类目指导),如安装马桶扶手、提高厕所地面防滑等级等。

在环境因素中,每一章均有类目被选入。有研究发现,有些环境诱因能够诱发尿失禁发作,而某些环境因素对尿失禁患者也存在益处,不同的患者对不同的环境因素敏感^[22]。比如私人或公共建筑中的厕所、患者服用的药物、随身携带的卫生纸减

轻了患者由于尿失禁引起的功能缺陷所带来的不便,而寒冷的气温以及流水的声音则容易诱发尿失禁。在“支持和相互关系”及“态度”中,e310、e320、e340、e355、e410这5个类目的频率超过了30%,这说明社会的支持和家庭的支持对功能障碍者意义重大,否则会加重患者的心理负担,不利于其疾病的康复。而完善的医院—社区—家庭联动方案能切实改善预后效果。

SF-12是评价患者生活质量的经典问卷,在国内一般人群中研究具有较好的信度和效度^[23]。本研究中患者的PCS为[(42.2±2.4)分],MCS为[(38.7±3.1)分],均略低于平均值50分,而患者心理方面的问题更为严重。通过分析SF-12量表,发现其涉及9条ICF二级类目,其中4条属于身体功能部分,5条属于活动和参与部分,有7条类目在本核心类目中有体现。SF-12是普适性的生活质量调查问卷,其侧重于身体功能及活动和参与的评估,本核心类目很好地包含了这一部分,但SF-12未能包含身体结构及环境因素部分,本问卷可以对其进行这方面的补充。

I-QOL是国际上常用的尿失禁问卷,本研究中患者的得分为(62.3±6.4)分。I-QOL涵盖了22个ICF概念,其中12条属于身体功能部分,6条属于活动和参与部分,3条属于环境因素,还有1条概念没有被ICF涵盖,其中有18条类目包含在本研究老年女性尿失禁ICF核心类目中。例如b620、d530、e155这几项频率在90%以上的类目均在I-QOL中有体现,可见,本研究问卷在很大程度上与国际上广泛使用的尿失禁问卷相吻合,并在此基础上,进一步考虑了现有问卷中较少提及的环境因素对患者的影响,使患者更能了解环境对其病情的作用。

本研究初步确定了老年女性尿失禁的ICF核心类目,为老年女性尿失禁患者提供了一个综合评估的工具。然而,本研究的局限性在于样本量较少,且都是在同一医院就诊的患者,影响样本的代表性和结果推论,下一步将进行多中心研究,扩大样本量,完善信度和效度的检验。后续将研究成果编写成含流程图、填表示例的“老年UI-ICF核心类目操作指南”宣传册,选择5家综合性医院及5家社区卫生服务中心进行合作,对该类患者进行评估,并给予针对性防治建议与干预,观察干预前后患者健康功能变化,为进一步推广做准备。

利益冲突声明:

所有作者声明无利益冲突。

Conflict of Interests:

All authors declare no conflict of interests.

作者贡献声明:

曹钜楷负责数据收集、文献查阅、论文撰写与修改;范嘉瑜、陶媛媛、焦乐、沈芳荣和李淼参与数据收集;张大伟和陈庆梅参与学术监督;朱红军负责实验设计、经费与资源支持、文章撰写、审阅与修订。

Author's Contributions:

CAO Jukai was responsible for data collection, literature review, paper writing and revision; FAN Jiayu, TAO Yuanyuan, JIAO Le, SHEN Fangrong, and LI Miao were involved in data collection; ZHANG Dawei and CHEN Qingmei were involved in academic supervision; ZHU Hongjun was responsible for the experimental design, financial and resource support, and writing, reviewing, and revision of the article.

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[收稿日期] 2024-12-30

(本文编辑: 唐 震)