

## RELATIONSHIP BETWEEN SOCIOECONOMIC STATUS AND FEMALE URINARY INCONTINENCE IN EUROPE

### Hypothesis / aims of study

Despite improvements in levels of health of European Union citizens over the last decades, inequalities in health status continue to persist between most advantaged and most disadvantaged sections of the population. People with lower education, a lower occupational class or lower income tend to have a higher prevalence of most types of health problems. Urinary incontinence (UI) is a debilitating condition suffered primarily by women. There is evidence that socioeconomic aspects can impact on this condition, in that it can affect knowledge of the condition, general behaviour, care seeking and treatment – all of which influence the prevalence of UI. The aim of this study was to review literature investigating the relationship between Socioeconomic Status (SES) and Female Urinary Incontinence (FUI).

### Study design, materials and methods

The literature review was carried out using primarily Pubmed and key specialized clinical journals. Furthermore, bearing in mind the broader social and economic context of the research, the main websites regarding health in Europe as well as literature focusing on social determinants of health, were also consulted.

### Results

Despite the wealth of literature available on the subject of FUI, only thirteen articles were found to be eligible for the review. Only one of these articles examines directly the relationship between SES and UI. The remaining articles discuss this aspect indirectly in the context of other research topics such as the prevalence of UI, the effect of race and ethnicity on UI, and factors affecting care seeking and treatment.

### Interpretation of results

Lower SES is linked to poorer health outcomes and the findings from this literature review, would seem to support this hypothesis when it comes to the prevalence of the condition. In terms of whether SES affects knowledge of UI, there are contradictory findings. The knowledge barrier relates directly to care-seeking and in theory a lack of knowledge about the condition will lead to low care-seeking. In general, care-seeking for UI is low among all women. On the question as to whether SES affects the level care-seeking, the findings are ambiguous. Although not directly related to SES, the issue of ethnicity and race is very pertinent to this discussion if we consider that socioeconomically disadvantaged populations are disproportionately made up of minorities. This ties in with the social ecological theory to health. In terms of treatment of UI, there are a number of different options ranging from lifestyle changes and pelvic floor exercises to medication or surgery. The cost of treatment varies considerably for these treatments with surgery being the most expensive option. While SES may affect treatment options in the United States, this is not the case for Europe where universal healthcare coverage is available. Cost is not the only barrier to accessing healthcare and it has been found that persons living in poverty can be distrustful of public health services and will avoid both preventative and curative services for this reason.

### Concluding message

It seems that there is a link between SES and UI but there is a need to investigate in a systematic way the impact that SES has on all aspects of UI (prevalence, severity, knowledge, care-seeking and treatment).

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| <b><i>Specify source of funding or grant</i></b>                           | <b>Executive Agency for Health and Consumers</b> |
| <b><i>Is this a clinical trial?</i></b>                                    | <b>No</b>  |
| <b><i>What were the subjects in the study?</i></b>                         | <b>HUMAN</b>                                     |
| <b><i>Was this study approved by an ethics committee?</i></b>              | <b>No</b>  |
| <b><i>This study did not require ethics committee approval because</i></b> | <b>It is a literature review</b>                 |
| <b><i>Was the Declaration of Helsinki followed?</i></b>                    | <b>Yes</b>                                       |
| <b><i>Was informed consent obtained from the patients?</i></b>             | <b>No</b>  |