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Title (type in CAPITAL LETTERS): **FACTORS ASSOCIATED WITH URINARY INCONTINENCE AMONG THE OLDEST OLD: RESULTS FROM THE 'AHEAD' STUDY**

Aims of Study: Urinary incontinence (UI) is a common problem in elderly individuals. This study was designed to identify the prevalence of UI and association with other health parameters in the very elderly.

Methods: Data were obtained by analysis of the Asset and Health Dynamics Among the Oldest Old (AHEAD) Wave I database. AHEAD is a national longitudinal cohort study of 7,430 persons aged 70 years or older at the time of enrollment. Extensive data regarding physical, mental, and functional health are available for each subject. A variety of health parameters felt to be associated with UI in the elderly were examined. Unadjusted bivariate data analysis was initially performed to identify associations between each variable and UI. The degree of association was measured by calculation of the odds ratio, relative risk (RR), or Chi-square. Age-adjusted multivariate logistic regression modeling was then used to examine the interaction of each variable with regard to UI.

Results: The overall prevalence of UI was 12.9% in males and 23.6% in females. The prevalence and relative risk of both UI and pad usage increased progressively with advancing age:

Age	Incontinent (RR)	Requires Pads if Incontinent (RR)
70-79	17.2%	47.0%
80-89	22.8% (1.33)	55.0% (1.17)
90-99	29.2% (1.70)	63.5% (1.36)
100+	62.5% (3.63)	80.0% (1.70)

An age-adjusted multivariate logistic regression analysis demonstrated significant associations between urinary incontinence and age, body mass index, depression, cognitive impairment, and impairments of instrumental activities of daily living (IADLs). In an age adjusted model urinary incontinence was also associated with an increased risk of falls (OR=1.575).

Conclusions: Although not considered an inevitable part of aging, these data suggest that the risk of developing urinary incontinence increases with age and is associated with functional impairments including depression and dementia.