



<b>Urgency</b>								
Bivariate†	0.9	0.6-1.4	1.3	0.7-2.2	1.0	0.6-1.4	1.6	1.0-2.5
Multivariate‡	0.9	0.6-1.5	1.1	0.6-2.0	1.3	0.6-1.4	1.3	0.8-2.1
<b>UUI</b>								
Bivariate	Not performed (small number of cases)				2.0	0.9-4.5	4.8	2.1-11
Multivariate					1.5	0.6-3.6	2.9	1.2-7.2
<b>Frequency</b>								
Bivariate	0.8	0.5-1.2	0.9	0.5-1.8	1.1	0.7-1.5	1.0	0.6-1.6
Multivariate	0.8	0.5-1.4	0.9	0.4-1.7	1.0	0.7-1.5	0.8	0.5-1.4
<b>Nocturia</b>								
Bivariate	1.2	0.8-1.8	2.3	1.4-3.9	2.0	1.3-2.9	3.2	2.0-4.9
Multivariate	1.2	0.8-1.9	2.1	1.2-3.5	1.9	1.2-2.8	2.3	1.4-3.7
<b>SUI</b>								
Bivariate	Not performed (small number of cases)				1.4	1.0-2.1	2.6	1.7-4.0
Multivariate					1.3	0.9-2.0	2.0	1.3-3.2

\* Normal-weight subjects were regarded as referent.

† Adjusted for age.

‡ Adjusted for all confounding factors (partly different factors for different symptoms/sexes).

#### Interpretation of results

Obesity was associated with increased nocturia in both sexes and incontinence in women. Validity of these results was strengthened by high response rate, representative study population, and adjustment for major confounding factors.

#### Concluding message

Obesity is associated with increased nocturia in both sexes and increased incontinence in women but is not associated with urinary urgency or frequency in either sex.

#### References

1. Taskutieto fickfakta 2004; Helsinki, The Population Register Centre, 2004
2. Scand J Urol Nephrol (1993) 27; 489-92.
3. J Urol (1992) 148; 1549-57.

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**HUMAN SUBJECTS:** This study did not need ethical approval because in accordance with Finnish regulations on questionnaire surveys, an exemption from ethical review was granted by the ethical committee of Tampere University Hospital (Tampere, Finland). but followed the Declaration of Helsinki informed consent was obtained from the patients.