

PUBLIC HEALTH CARE VERSUS PRIVATE HEALTH CARE ON URINARY INCONTINENCE IN THE X CITY, Y COUNTRY - THE PATIENT VIEW AND BEHAVIOR.

Hypothesis / aims of study

The social-economic status is accepted as an important factor on the behaviour of patients suffering from urinary incontinence. However, it is not clearly differentiated on national health care systems that provides social compensations to equal access system's resources. Besides this, the study of different countries populations is not good enough, because of huge cultural differences of them. The model of two health care systems in the same city, with the same medical staff is more adequate for this purpose.

Study design, materials and methods

The authors analyses several aspects concerning urinary incontinence (UI) in these two distinct populations of women with complaints of UI. One of the authors (XX) interviewed all of them, personally, before performing their urodynamic test. The data of 247 women of public health care (Public) and 262 women of the private health care was revised in order to define a profile based on the patient's view of the incontinence and their relations with the health resources, information and medical procedures in both groups.

Results

The median age was similar (47 x 45 years). All women, in both groups, were included by the main complaint of urinary incontinence and the realization of the urodynamic test (when the inquiry was performed and clinical data was revised). Time of onset of the incontinence was very different in the groups. On the public group the mean time was 5 years and 4 months and among women on the private group it was 8 months. However the first physician consultation by the problem was not different in both groups (public 6 months x 4,5 months in the private group). This first consultation involved a gynecologist in 98% on both groups, general practitioner in 1% and other medical specialty in the rest. A crucial difference was noted by the attitude after the first consultation: 63% of the women in the public group understood the problem and put it aside as a non-priority problem versus only 12% on the private group. About 25-30% of both women groups was indicated to an urodynamic investigation on the first consultation: 15% of this requested exam was performed in the public group against 47% in the private group. The fear of the exam was the first reason for that women who did not do it in both groups (68% x 79%). The second reason in the public group was the time for the test appointed by 14% of the women. In both groups, on the time of urodynamic test, the empiric treatment of overactive bladder, clinically diagnosed was prescribed in 23% public and 13% private women. Of these, only 9% of women on the public group and 15% on the private group took medications as prescribed. The main reasons related to this low treatment adherence was: dry mouth; unconfidentiality, cost of the medicine, and non effectiveness after 4 or more weeks of use.

Interpretation of results

The author concluded that perception of urinary incontinence is very different between these two groups of women as considered by social-economic class and kind of (country) health system access. The public group shows a stoic behavior when faced with the problem. The access is not different in both groups except for the facility to run the urodynamic test. Also concluded that the empiric treatment of the overactive bladder is quite limited by side effects of first line medicines and by a great lack of trust about this approach. The authors is still analysing the complete data from more specific interviews that will be prospectively applied on late 2008 and 2009.

Concluding message

Health education/information is more important than all technologies and medical expertise for the excellence care of your patients and population.

Heavy investments are necessary on public health information instead investments only on incontinence technologies, surgical procedures, diagnosis and other devices. Maybe this is a global concept in health care that includes all medical specialties and diseases.

Specify source of funding or grant	No grant . Regular institutional resources
Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes
Specify Name of Ethics Committee	Ethics Committee Hospital das Clinicas USP / Ethics Committee Fleury Medicina e Saúde
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes