

DETECTION AND PREVALENCE OF URINARY INCONTINENCE IN LOW-INCOME AND MINORITY FEMALE PATIENTS

Hypothesis / aims of study

The prevalence of urinary incontinence (UI) in women is difficult to estimate because definitions vary between researchers. Studies have also shown that among women, there is reluctance to seek help because of embarrassment or misconceptions about availability of treatment [1]. Despite these difficulties in assessing prevalence, there is widespread agreement that the prevalence of UI is significant in the female population. There is also strong evidence that effective treatment for urinary incontinence in women exists and can be provided in the primary care setting. Despite the availability of treatment in the primary care setting, studies suggest that most primary care physicians neither routinely ask their patients about UI nor believe they are adequately prepared to evaluate and treat UI. [2] The problem of urinary incontinence appears two-fold, not only do primary care physicians have an unrecognized need among their female patient population, but also the need is not fully reflected in patient demand for recognition. The extent of this two-fold problem was what we attempted to quantify in this study. Our objectives were to 1) assess the rate of screening for UI in women by primary care physicians-in-training in out-patient clinics at a county hospital; and 2) determine the prevalence of UI in women seeking healthcare in these outpatient clinics.

Study design, materials and methods

Physicians-in-training (n=41) from the Departments of Family Practice and Internal Medicine at a county hospital were interviewed regarding their screening practice for UI in female patients presenting to these outpatient clinics. In addition, survey questionnaires were administered to female patients who presented to either the family practice or internal medicine clinics during February 2008 to March 2008. These survey questionnaires assessed demographics, obstetric and gynecologic history, and urinary incontinence experience. Statistical analysis included descriptive statistics of urinary incontinence in this patient population.

Results

None (0%) of the 41 family practice and internal medicine physicians-in-training routinely screen for UI among female patients in their respective outpatient clinics. During this survey period, 605 surveys were distributed to female patients presenting to these primary care clinics. Two hundred sixty-three (43%) surveys were completed and analyzed. Among study participants with UI, the prevalence of stress, urge, mixed, and other types of incontinence were 80%, 59%, 30% and 26%, respectively.

Interpretation of results

Primary care physicians-in-training do not view urinary incontinence as a serious medical condition. Urinary incontinence is an underreported and underdiagnosed condition. Lack of communication between physician and patient is a barrier to effective treatment.

Concluding message

Urinary incontinence is a very common and underdetected problem in minority and low-income women presenting to their primary care providers. Primary care residents-in-training do not routinely screen for urinary incontinence and should include simple screening questions during patient encounters. The prevalence of urinary incontinence justifies routine screening

References

1. Agency for Health Care Policy and Research, 1992; publication no. (AHCPR) 92-0038.
2. MMWR October 13, 1995/44(40);747,753-4.

<i>Specify source of funding or grant</i>	NONE
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	Kern Medical Center Institutional Review Board
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes