

HAVE TRENDS IN HELP SEEKING BEHAVIOR FOR URINARY INCONTINENCE IMPROVED?

Hypothesis / aims of study

Urinary incontinence (UI) affects 15-30 % of women however, less than half of women with these conditions seek medical treatment.⁽¹⁾ Prior studies since the late 1980's have cited misconceptions of urinary incontinence as a normal part of the aging process, a normal consequence of child-bearing, or reports of personal embarrassment or shame as common reasons cited for patients not seeking care.⁽²⁾ Almost two decades later, we sought to determine if the rates of help seeking have improved, the reasons cited for not seeking care, and what factors contribute to help seeking behavior and socially bothersome incontinence.

Study design, materials and methods

A multi-item survey including demographic information and the short forms of the Urinary Distress Inventory (UDI-6), the Pelvic Floor Distress Inventory (PFDI-20) and the Beck Depression Inventory-II (BDI-II) was administered to 1287 twin sisters at the annual twin-gatherings in Twinsburg, Ohio during the years 2003-2006. Women were also questioned about whether they sought care from their physician, whether the physician brought up the issue with them, and their reasons/perceptions for not seeking care. Logistic regression for repeated binary measures was used to evaluate risk factors accounting for shared genetics within pairs. Generalized estimating equation (GEE) methodology was used for comparisons between women who did and did not successfully seek medical attention for bladder, bowel, or other pelvic symptoms.

Results

Of 1287 twin sisters, 21% had stress incontinence, 4% had urge incontinence, and 27% had mixed incontinence. More women with mixed UI reported socially bothersome symptoms than women with pure stress or urge incontinence- 45% (N=155), 21% (n=270) and 16% (N=9), respectively. Approximately one third of those with socially bothersome mixed incontinence sought help from their physician -37% versus 20% and 13% respectively for stress and urge incontinence. A dramatically lower percentage of physicians brought up the issue with their patient- 9% and 2% for stress and urge UI respectively. Factors significantly associated with socially bothersome stress urinary incontinence after multivariate analyses were 2+ stress incontinence accidents per week and parity. In contrast, obesity (BMI >30) and UDI score >36 were predictors of socially bothersome mixed incontinence. Women's reports of socially bothersome symptoms were associated with help seeking for all three types of urinary incontinence. There were no factors significantly associated with socially bothersome urge UI or help seeking for stress incontinence. On the other hand, prior hysterectomy (OR 2.95, 95% CI 1.11-7.80), severity of stress incontinence 2+ (OR 2.94, 95% CI 1.13-7.68) and UDI score (1.03 (1.01-1.06) predicted help seeking for mixed UI. The most common reasons cited for not seeking help for UI included the misconceptions that UI is a normal part of aging, a normal part of childbirth, that their physician never asked, or personal embarrassment (Table 1).

Table 1: Most common reasons cited for not seeking care amongst women socially bothered

	Stress (N=26) Incontinence	Urge (N=5) Incontinence	Mixed(N=73) Incontinence
	%	%	%
Normal result of aging	46	40	47
Normal result of childbirth	19	20	34
Doctor never asked	27	20	26
Embarrassing	19	20	25
Was not aware of treatment	8	20	21

Interpretation of results

Unfortunately, over 60-80% of women who report socially bothersome urinary incontinence symptoms fail to seek the help they need from their physicians and less than 10% are screened by their physician for incontinence. Symptom severity pervades as the factor associated with help seeking and socially bothersome mixed UI. These factors may not have been significant for stress and urge UI individually secondary to a small sample size. The most prevalent notion preventing patients from seeking care is the misconception that UI is a normal part of aging.

Concluding message

While the prevalence of UI is high with socially bothersome symptoms found in up to 45% of women, UI is still greatly underreported to physicians. These rates have remained unchanged over the last two decades. The most common reason cited for not seeking medical treatment was the notion that UI is part of the normal aging process. Another factor associated with decreased help seeking behavior was the lack of physician interrogation. This is a factor that we as physicians can immediately directly change. Educational efforts are desperately needed to inform both physicians and patients in order to improve help seeking behavior over the next decade.

References

1. J Womens Health (2003) 12: 687-97.
2. Fam Pract (2004) 6: 689-96.

**Specify source of funding or grant
Is this a clinical trial?**

**None
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>	Evanston Internal Review Board
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes