

## A PRO-ACTIVE APPROACH TOWARDS OLDER WOMEN WITH URINARY INCONTINENCE WHO MIGHT PROFIT FROM IT

### Hypothesis / aims of study

Urinary incontinence is a very common health problem among older women. Although effective treatment options are available, only a minority of the affected patients do seek help from a professional. That results in underdiagnosis of urinary incontinence and an underuse of effective treatments. A pro-active approach towards the population at risk in order to identify patients who wish to receive treatment but hesitate to seek help, might be helpful to decrease the burden of this disease. Therefore, knowledge about factors related to help-seeking behaviour is important. It might help to develop interventions to stimulate patients with symptoms of urinary incontinence to visit a health professional. Severity of the incontinence and a strong impact of the symptoms on the quality of life are identified by several studies as factors related to seeking help. Literature is not equivocal about the contribution of other factors (such as age) and some factors have not been studied at all (such as the professional's gender). The aim of this study is to obtain more knowledge about factors that are related to help-seeking behaviour in urinary incontinence.

### Study design, materials and methods

This is a cross-sectional side study of the URINO project. The URINO project is a cluster randomized controlled trial in primary care in the Netherlands (started January 2008) about the effect of a pro-active approach, a diagnostic protocol and evidence-based treatment of urinary incontinence in older women. The patients included in the URINO project are women of 55 and older, having symptoms of urinary incontinence. They were pro-actively approached: all female patients of 55 and older who were registered in the participating GP practices were approached, regardless of being known by their GP's as having urinary incontinence or not. All these women received a screening questionnaire about symptoms of urinary incontinence on behalf of their GP's.

For the current study, baseline data were used from the URINO project: age, BMI, GP's age and gender, type of urinary incontinence symptoms, severity of the incontinence (ISI questionnaire), distress caused by urogynaecological symptoms (UDI questionnaire), psychological impact of urinary incontinence (IIQ-7 questionnaire), health state (MOS-SF-20 questionnaire), health outcome and utilities (EQ5D questionnaire), functional status (GARS questionnaire for measuring restrictions in ADL and IADL), depression symptoms (GDS-10 questionnaire), medication, comorbidity and consultation behaviour. From the GP's registration files it was concluded whether the patients were known by their GP as suffering from urinary incontinence or not.

In the analysis, characteristics of women who were known by their GP as suffering from urinary incontinence were compared to those of women who were not known by their GP as having condition. Differences were analysed using univariate and multivariate logistic regression analysis. Statistical significance was set to  $p < 0.05$ .

### Results

The study population consisted of 225 women. Of them, 82 were known by their GP's as suffering from urinary incontinence and 143 were not. Univariate analysis showed that women who were known by their GP's as suffering from urinary incontinence were significantly older, their GP's were more often male, the age difference between the GP and the patient was larger, the patients have more often mixed incontinence as the self-reported type of urinary incontinence, have severer incontinence symptoms, use more medication, have more consultations with their GP's in general and especially more home visits, have higher distress levels caused by uro-gynaecological symptoms, experience a stronger psychological impact, and have a more restricted functional status. The other tested variables were not significantly related to help-seeking behaviour. In a multivariate logistic regression analysis with all univariate significant factors, only an older age of the patient, having a male GP and higher distress levels because of uro-gynaecological symptoms remained significant predictor for seeking help (see table 1).

### Interpretation of results

Older women who have a male GP and experience higher distress levels resulting from their uro-gynaecological symptoms are more likely to seek help for urinary incontinence from a professional. Although these correspondences might be counter-intuitive, they are partly in line with earlier research. An older age as a positive predictor for help-seeking behaviour has been established before, but other studies found no relation between age and seeking help for urinary incontinence. Differences in health care systems and cultural differences could be an explanation for the variation in results. As mentioned, the role of GP's gender in help-seeking behaviour in case of urinary incontinence has not been studied before.

### Concluding message

Knowledge about factors related to help-seeking behaviour can be useful for professionals. It may lead to a profile of women who might profit from a pro-active approach to their urinary incontinence symptoms. Concluding from this study, it seems that especially female professionals should realize that younger women with low distress levels resulting from their symptoms are not likely to mention their symptoms of urinary incontinence spontaneously.

Table 1: Factors related to seeking help for urinary incontinence

	univariate analysis	logistic regression	Multivariate analysis	logistic regression
	OR (95%CI)	p- value	OR (95%CI)	p- value
Patient's age	1.081 (1.045-1.119)	0.000	1.081 (1.028-1.138)	0.003
GP's gender man	1		1	

woman	0.424 (0.243-0.740)	0.002	0.380 (0.167-0.866)	0.021
Age patient minus age GP	1.040 (1.014-1.066)	0.002		
Self-reported type of incontinence		0.003		
Stress incontinence	1			
Urge incontinence	4.364 (1.771-10.753)	0.001		
Mixed incontinence	3.048 (1.425-6.516)	0.004		
Incontinence Severity Index		0.001		
Slight	1			
Moderate	1.739 (0.811-3.730)	0.155		
Severe/Very severe	4.886 (2.101-11.363)	0.000		
Amount of long-term medication		0.026		
0	1			
1-2	0.856 (0.415-1.762)	0.672		
>3	1.983 (1.023-3.845)	0.043		
Total consultations		0.007		
≤6	1			
7-14	2.435 (1.190-4.981)	0.015		
≥15	3.122 (1.508-6.460)	0.002		
Home visits		0.033		
0	1			
1-2	1.467 (0.613-3.509)	0.389		
≥3	3.080 (1.301-7.291)	0.010		
UDI score		0.001		0.008
<10	1		1	
10-20	0.807 (0.345-1.892)	0.623	0.944 (0.349-2.552)	0.910
>20	4.184 (1.778-9.844)	0.001	4.199 (1.569-11.236)	0.004
IIQ score		0.001		
0	1			
1-10	4.242 (1.787-10.069)	0.001		
≥11	3.409 (1.195-9.723)	0.022		
GARS score		0.018		
≤18	1			
19-23	1.385 (0.710-2.702)	0.340		
≥24	3.122 (1.419-6.868)	0.005		

<b>Specify source of funding or grant</b>	The Health Research and Development Council (ZonMW) in the Netherlands funded this trial (grant number 170882301).
<b>Is this a clinical trial?</b>	Yes
<b>Is this study registered in a public clinical trials registry?</b>	Yes
<b>Specify Name of Public Registry, Registration Number</b>	The trial is registered in the Dutch Trial Register (registration number NTR1181).
<b>Is this a Randomised Controlled Trial (RCT)?</b>	Yes
<b>What were the subjects in the study?</b>	HUMAN
<b>Was this study approved by an ethics committee?</b>	Yes
<b>Specify Name of Ethics Committee</b>	The trial has been approved by the Medical Ethical Review Committee of the University Medical Center of Groningen, the Netherlands.
<b>Was the Declaration of Helsinki followed?</b>	Yes
<b>Was informed consent obtained from the patients?</b>	Yes