ON THE RELATIONSHIP
OBJECTIVE MEASURES OF
INCONTINENCE AND PHYSICAL
OLDER WOMEN

Hypothesis / Aims of study
Urinary incontinence is known to be inversely levels when studied by population-based, self-
survey data ([1] [2]. But the relationship between
of urinary incontinence and physical activity in
well-characterized incontinent women has not
We therefore studied incontinent women in the
following hypothesis: H1) those who leaked urine
standing stress test will have significantly lower
scores compared to those with a dry standing stress test, and H2) in the subset of women who do leak on standing stress test, there will be a positive correlation between self-reported frequency of that leakage and physical activity scores.

Study Design, Materials and Methods
Baseline data were available from 52 women enrolled in a parent prospective clinical trial. Criteria were: female, 60 years or
older, ambulatory, mentally intact with Mini-Mental State scores above 23, community dwelling, and self-reported history of
leakage with coughing. Exclusion criteria included prior urethral or bladder surgery, current urinary tract infection, or prolapse
below the level of the hymenal ring. Women with symptoms of urge incontinence in addition to stress urinary incontinence were
permitted to participate. Presence of objectively tested stress-related urine loss was demonstrated by a paper towel standing
stress test using 3 hard coughs (designated the ‘SST’).

Frequency of stress-related urine loss was determined by questionnaire prior to the standing stress test using the following
question: “Do you ever leak urine or lose control of urination during physical activity?”; response categories were: ‘never’, ‘few
times per year’, ‘few times per month’, ‘few times per week’, or ‘daily’. Physical activity was measured via the Yale Physical
Activity Survey (YPAS), a reliable and well-validated interview instrument specific to older adults [3] with two components: the
YPAS I elicits information about very specific physical activities and the YPAS II is calculated for general activity categories and
includes a seasonal adjustment.

Results
Of the n=46 participants who had complete data
report of UI with cough, 67% demonstrated
as positive for leakage on the SST. An
-ttest was conducted to compare the YPAS
negative (n=15) and SST positive (n=31) women,
and YPAS II scores independently for analysis.
no statistical difference was found between
higher physical activity scores were found for
(mean [SD]: 125.70 [70.12] points) compared to
(77.56 [57.79] points, P < .05. The magnitude of
means was large (eta squared = 0.12), indicating
demonstrable stress incontinence participate less

To further explore the data, the YPAS II scores
subset of participants with positive SST and
the questionnaire item regarding leakage during
(n=25). A positive correlation between the YPAS
frequency of leakage experienced (R=0.446, p=0.025) was demonstrated, indicating that when women with demonstrable SUI
do participate in greater activity levels it is indeed associated with greater frequency of leakage. Figure 2 portrays the Yale II
including subjective stress incontinence independent-samples
data and questionnaire item data graded leakage few/year (coded 1) few/mo (coded 2) few/wk (coded 3), or daily (coded 4).

Interpretation of Results
Of the women who reported leakage on coughing, those with demonstrable leakage showed curtailed physical activity levels
compared to those who were dry on SST. These findings are further strengthened by the fact that reported leakage frequency
with physical activity was positively correlated with the YPAS II score. These findings are consistent with our hypotheses and
support prior work from survey data, while adding specificity of incontinence type through objective demonstration of stress-type
leakage. Although our study design cannot speak to cause and effect, our data suggest that SUI is a barrier to physical activity
because as an incontinent older woman increases her physical activity she experiences the negative feedback of increased
frequency of urinary leakage. We speculate that the YPAS I did not show differences between women with and without positive
standing stress test because of its focus on very specific activities, such as childcare, golfing, or home repair, which study participants may or may not be engaged in due to person preference, income, or social situation.

Study Limitations: Our sample size was small, however adequate power was indicated by the large effect size demonstrated in the analysis using the YPAS II scores. A larger sample may offer more insight into the YPAS I score analysis. Use of longitudinal data would permit determination of whether the onset of stress incontinence predicts a decrease in physical activity in women or, alternatively, if lower activity levels predates stress incontinence onset.

Concluding Message

This study underscores and adds to the accumulating body of evidence on the potential negative effect that objectively demonstrable stress incontinence can have on the physical activity of older women. Clinical implications of the findings point to use of pessaries or other forms of treatment for exercise-related exacerbation of symptoms, a component that should not be overlooked in a population of older clinical patients with mixed urinary incontinence.

References

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Is this a clinical trial? Yes
Is this study registered in a public clinical trials registry? No
Is this a Randomised Controlled Trial (RCT)? No
What were the subjects in the study? HUMAN
Was this study approved by an ethics committee? Yes
Specify Name of Ethics Committee University of Michigan Institutional Review Board, IRBMED #93-384
Was the Declaration of Helsinki followed? Yes
Was informed consent obtained from the patients? Yes