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SURVEY OF INCONTINENCE SCREENING PRACTICES AMONG PRIMARY CARE PHYSICIANS

Hypothesis / aims of study

Urinary incontinence significantly impacts health, quality of life and financial resources.[1] Prior studies have demonstrated that less than 50% of women with urinary incontinence discuss their symptoms with their physicians.[2] Many factors create barriers in the help seeking behavior of incontinent women. For example, incontinence is often viewed as a normal part of aging which leads women to hesitate before seeking care.[2] On the other hand, barriers, such as lack of time, discomfort with knowledge of the subject matter, or lack of resources[3] can exist preventing primary care providers (PCP's) from screening their patients for urinary incontinence. Surprisingly, few studies have focused on the physician's role in help seeking behavior. The aim of our study was to delineate barriers to physician screening and identify practice patterns related to urinary incontinence among PCP's.

Study design, materials and methods

After IRB approval, an anonymous electronic survey regarding PCP incontinence screening practices was created and sent to PCP's in our institution. The email request and reminder emails were distributed via the medical staff office, and were sent to Internal medicine, obstetrics & gynecology, and family practice physicians through an online survey tool. The survey consisted of multiple choice and open ended questions about demographic and practice information, level of comfort asking patients about incontinence and their perceived barriers to screening for urinary incontinence in their practice. The survey also included several clinical vignettes asking the physicians simple questions regarding diagnosis and management of stress and urge urinary incontinence to asses their knowledge base on the subject matter. The data was collected and descriptive statistics were performed.

Results

Only 38% of physicians responded that they routinely ask their patients about urinary incontinence. Inadequate time for evaluation, access to equipment and staffing, level of comfort with treatment options, and level of training related to urinary incontinence were listed as factors discouraging diagnosis and treatment in their practice. Forty-five percent of respondents stated they would like to diagnose and treat urinary incontinence more in their practice but were uncomfortable with diagnosis and treatment. The survey was mailed to 1000 physicians in the institution. Only, 5% of physicians responded. Each of the three areas of primary care was represented fairly equally --37% internal medicine, 37% family practice, and 26% obstetrics and gynecology. The respondents were divided 50% male and female. The majority listed no specialized training in female pelvic medicine and reconstructive surgery (67%). Those that listed special training cited residency as the source of that training. 59% were satisfied with their current practice patterns related to urinary incontinence. The physicians that responded were knowledgeable about diagnosis and management of urinary incontinence.

Interpretation of results

Just under half of respondents were not comfortable with the diagnosis and treatment of urinary incontinence in our study. Physician responses to surveys in general is often poor. This is a major limitation of our study and may indicate a bias, in that physicians who have some interest in the subject matter are more likely to respond. Larger studies with higher response rates are desperately needed in order to further identify and clarify barriers to screening among PCP's. This survey is an early step in trying to delineate barriers in screening. Once delineated, steps can be taken to eliminate as many of the barriers in PCP offices as possible and improve access to care for women with urinary incontinence.

Concluding message

Our data suggests there are significant barriers to screening women with urinary incontinence among PCP's.

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