

Initial Clinical Interactions of Urinary Incontinence Patients in India: Learnings from Practicing Clinicians

Ria Popli, Jocelyn Jackson, Archana Kalyan, Komal Shah, Manish Arora
Department of Design and Manufacturing, Indian Institute of Science

54th Annual Meeting of the International Incontinence Society (ICS), Madrid, 2024

AIM OF STUDY

The study is the first to explore clinicians' perspectives on patients with urinary incontinence (UI) in India. UI affects one in three women over 30, often due to pregnancy and menopause. Gynecologists and urologists are key in UI treatment. Patients delay seeking care for various reasons, including lack of time, embarrassment, and fear of surgery. UI affects patients physically, psychologically, and socially. While past research focused on patients' health-seeking behavior, this study addresses the gap in understanding clinicians' views in the Indian context.

STUDY DESIGN, MATERIALS, AND METHODS

In this study, gynecologists, urologists, and urogynecologists were interviewed using a semi-structured format to explore their experiences with urinary incontinence (UI) patients. The interviews focused on themes such as patient presentation, diagnostic tools, experiences, prevention strategies, and other clinical interactions. Emerging patterns from the interviews were used to form hypotheses, which were then evaluated through evidence-based analysis.

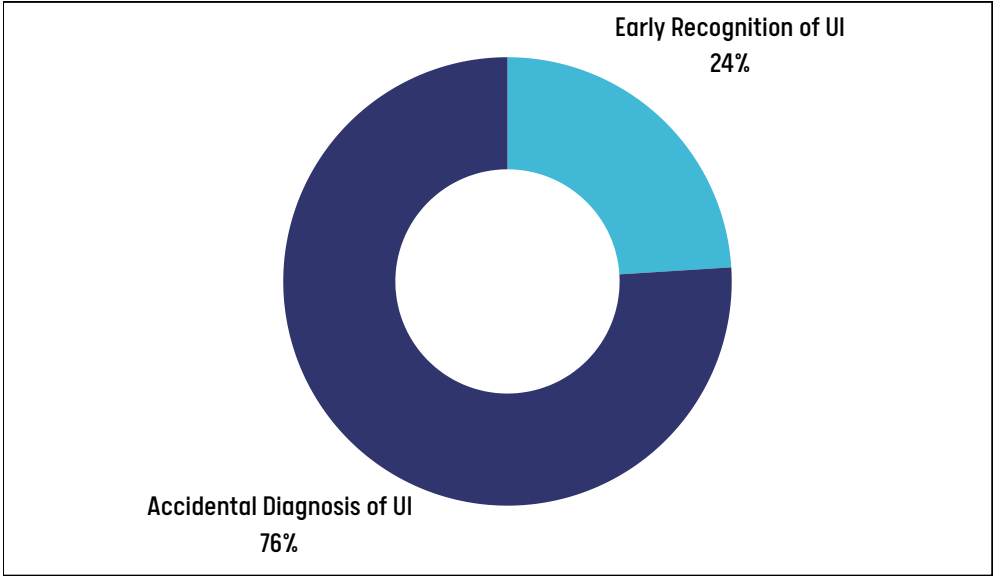


Figure 1: 76% of Urologists Identify Urinary Incontinence (UI) Cases During Consultations for Other Conditions

RESULT AND INTERPRETATION

The study involved 29 clinicians (19 urologists, 9 gynaecologists, and 1 urogynaecologist) with 3 to 38 years of experience.

Two key patterns emerged:

- (i) UI is often discovered when patients present with unrelated complaints, and
- (ii) older patients tend to seek medical care only at later stages when symptoms become severe.

76% of clinicians reported that UI cases were identified during consultations for other conditions, requiring extra probing. Patients were often unaware of their incontinence. Additionally, 65% of clinicians, mainly urologists, observed that older patients delayed seeking treatment until their symptoms became severe.

These findings highlight diagnostic difficulties and the impact of delayed patient presentations on treatment options. Clinicians emphasized the potential benefits of early intervention, such as lifestyle modifications and bladder diaries, which could help manage UI more effectively. However, cultural beliefs and limited awareness about women's health issues contribute to these delays, with some patients viewing incontinence as a natural part of aging or womanhood.

The study reveals that these delays and lack of awareness limit treatment options and underscore the need for improved patient education and early engagement. While consistent with findings from patient-focused studies, these clinician perspectives provide a fresh understanding of the challenges in UI management. The authors suggest these insights could inform better clinical pathways in India, and possibly other countries, though larger studies are needed for broader validation.

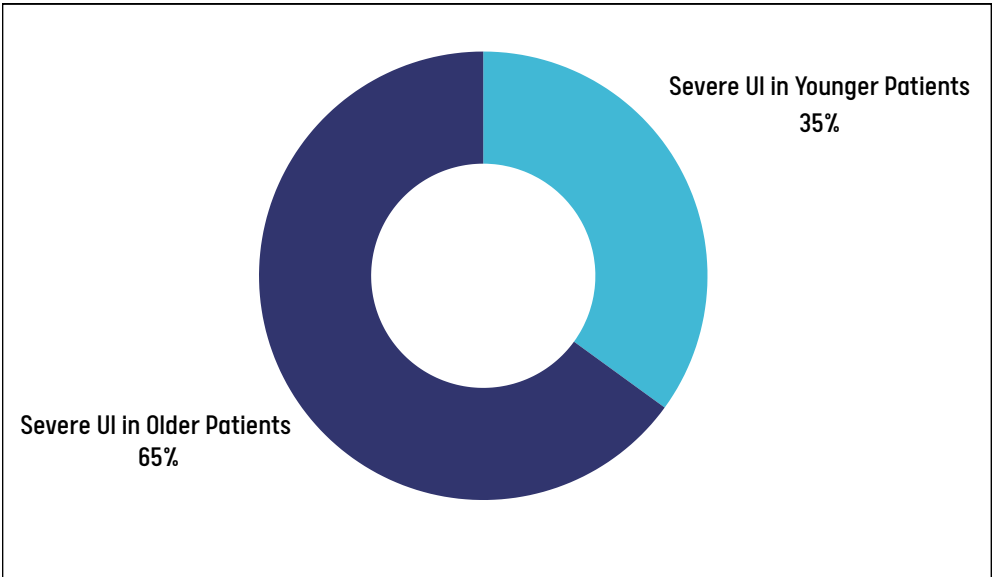


Figure 2: 65% of Clinicians Report Delayed Treatment in Older Patients Until Severe UI Symptoms

CONCLUSION

The study concludes that clinicians frequently diagnose urinary incontinence (UI) when patients present with other complaints, and older patients often seek care only when symptoms are severe. These findings align with previous patient-focused studies and highlight how delayed diagnosis limits treatment options. The validated hypotheses can help improve clinical pathways for UI care in India, with potential relevance to other countries, though further research is needed for confirmation.

REFERENCES

- Koch, L. (2006). Help-Seeking Behaviors of Women with Urinary Incontinence: An Integrative Literature Review. *Journal of Midwifery & Women's Health*, 51(6), e39-e44. doi:10.1016/j.jmwh.2006.06.004
- Kołodziejńska, G., Zalewski, M., & Rożek-Piechura, K. (2019). Urinary incontinence in postmenopausal women - causes, symptoms, treatment. *Menopausal Review*, 18(1), 46-50. <https://doi.org/10.5114/pm.2019.84157>
- Madjar, S., Evans, D., Duncan, R. C., & Gousse, A. E. (2001). Collaboration and practice patterns among urologists and gynaecologists in the treatment of urinary incontinence and pelvic floor prolapse: A survey of the international continence society members. *Neurourology and Urodynamics*, 20(1), 3-11. [https://doi.org/10.1002/1520-6777\(2001\)20:1<3::aid-nau2>3.3.co;2-m](https://doi.org/10.1002/1520-6777(2001)20:1<3::aid-nau2>3.3.co;2-m)

ACKNOWLEDGEMENTS

The author Ms. Komal Shah is supported under fellowship (File No.: 5/3/8/9/ITR-F/2022-ITR) from Indian Council of Medical Research (ICMR), India