

PREVALENCE OF SELF-REPORTED DOUBLE INCONTINENCE IN PATIENTS WITH DIABETES MELLITUS OF THE URBAN POPULATION OF A BRAZILIAN CITY

Hypothesis / aims of study

According to the International Continence Society, urinary incontinence is defined as the involuntary leakage of urine, and fecal incontinence, as the involuntary loss of stool and/or gas. The objective of the study was to determine the prevalence of urinary (UI), anal incontinence (AI) and combined (CI) of self-reported in patients with diabetes mellitus and their risk factors in adults living in Pouso Alegre, Minas Gerais, Brazil. This was a quantitative, epidemiological study and random a convenience sample.

Study design, materials and methods

The research was performed with 76 patients with diabetes mellitus aged 18 years or more after going on medical consultation at a public health institution who agreed to participate in the study in Pouso Alegre, Brazil, in January 2014. Data were described as absolute and relative frequencies for categorical variables and as means and standard deviations for numerical ones. Association of incontinence with other traits is measured by Fisher's exact test for categorical variables and Student's t test for numerical variables. Analyses were conducted on SPSS v17 and type I error was set at 5%.

Results

The participants in the study were predominantly women (58/ 76,3%) (n=58, 76.3%), average age 60 years, white (n=63, 82.9%), married (n=50, 65.8%), had only primary education (n=58, 76.3%), retireds (n=42, 55.3%). Systemic arterial hypertension (n=60, 78.9%) and hypotensive drugs (n=53, 69.7%) and hypoglycemics (n=72, 94.7%) were the most common condition and medication used by the participants. As diabetes mellitus, the average was 14 years with this disease, with treatment started when diagnosed (64/84, 2%), absence of diet for diabetes (47/61, 8%), glycemic control (67/88 2%) with a mean of fasting blood glucose of 168.4 mg / dl and postprandial glucose of 199.8 mg / dl. The showed bowel habit (64/84, 2%) with daily bowel movements without effort (66/86, 8%).

The prevalence of urinary incontinence was 58.7% (44), 32.0% (24) for anal incontinence and 29.7% (22) for combined incontinence. Factors associated with urinary incontinence were female gender (p=0.15), completed education (p=0.16), widowed marital status (p <0.012), anterior vaginal wall prolapse (p=0.042) and with over 4 children (p=0.040). On AI females (p=0.008), single marital status (p=0.003), hemorrhoids (p=0.022), cesarean section (p=0.017) and frequent urinary tract infection (p=0.016). For CI female gender (p=0.009), single marital status (p=0.001), frequent urinary infection (p=0.007).

Interpretation of results

Urinary incontinence is associated with two distinct conditions: the first relates to having 3 or more children, and being a woman and the second to have less than 3 children and know whether or not you had urinary tract infection. The IA and IC resulted in the same predictors with the same divisions. Incontinence in these cases is associated with being single / separated / widowed (ie, not having a partner) and not doing cesareans.

Concluding message

The study provided a better understanding of the epidemiology of urinary, fecal incontinence and double incontinence in people with diabetes and may contribute to the development of public policies and primary and secondary prevention and treatment of incontinence, at least at the municipal level programs.

References

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Disclosures

Funding: own resource **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Instituição Proponente: FUNDACAO DE ENSINO SUPERIOR DO VALE DO SAPUCAI CAEE: 15270113.0.0000.5102 Financiamento Próprio Patrocinador Principal: financiamento próprio. DADOS DO PARECER Número do Parecer: 309.221 Data da Relatoria: 20/06/2013 Situação do Parecer: aprovado Assinado por :Dênia Amélia Novato Castelli Von Atzingen (Coordenador) Mayor Tuany Avenue Toledo, 470 Campus Fatima I . The municipality: Pouso Alegre MG Fax: (353) 449-2300 **Helsinki:** Yes **Informed Consent:** Yes