

A PREVALENCE STUDY OF LOWER URINARY TRACT SYMPTOMS IN FEMALE PATIENTS WITH FECAL INCONTINENCE.

Hypothesis / aims of study

We investigated the prevalence of lower urinary tract symptoms (LUTS) in female patients who visited our hospital with a chief complaint of fecal incontinence, which greatly affects the quality of life (QOL).

Study design, materials and methods

We examined the association between the types of fecal incontinence and LUTS in 83 untreated female patients with fecal incontinence (age range, 34-95 years; mean age, 70.1 years) who visited the outpatient clinic of fecal incontinence from April 2013 to March 2014. We categorized the fecal incontinence into passive, urge, and mixed types based on symptoms, fecal incontinence scores (Wexner Score) and anorectal manometry, and examined their association with LUTS.

Results

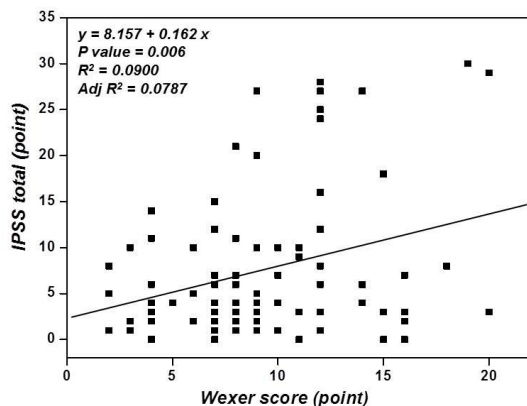
Among 83 patients, 48 (age range, 34-95 years; mean age, 69.2 years) had passive type fecal incontinence, 5 (50-89 years, mean age: 69.6 years) had urge type, and 30 (age range, 39-94 years; mean age, 70.7 years) had mixed type. LUTS was concurrently present in 28 of the all 83 patients (33.7%), in 25% of patients with passive type (25%), in 60% of patients with urge type, and 43.3% of patients with mixed. Overactive bladder (OAB) was present in 30 of all the 83 patients (36.1%), in 27.1% of patients with passive type, in 40% of patients with urge type, and in 43.3% of patients with mixed type. Significant effect on QOL (International Prostate Symptom Score [IPSS]/QOL: ≥ 4) was observed in 30 of all 83 patients (36.1%), in 25% of patients with passive type (25%), in 60% of patients with urge type, and in 50% of patients with mixed type.

Interpretation of results

We examined the incidence of LUTS in female patients with fecal incontinence using a questionnaire. Approximately one third of all female patients with fecal incontinence had LUTS, and the results suggested that the incidence of LUTS was high in patients with urge and mixed type fecal incontinence.

Concluding message

Both fecal and urinary incontinence severely affect QOL. However, there have been very few studies on double incontinence, and its actual prevalence remains unclear. The severity of stress urinary incontinence was not identified from the questionnaire used in the present study. It is speculated that, in women, the causes and background factors such as pelvic floor muscle weakness are similar for fecal and urinary incontinence and that there is a certain level of correlation between the presence of fecal incontinence and urinary incontinence.



References

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2. Matsumoto S, et al. Relationship between overactive bladder and irritable bowel syndrome: a large-scale internet survey in Japan using the overactive bladder symptom score and Rome III criteria. *BJU Int.* 2013;111:647-52.

Disclosures

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