

WHY MIDDLE-AGED WOMEN WITH URINARY INCONTINENCE DON'T RECEIVE THE MEDICAL TREATMENT? (QUALITATIVE STUDY)

Hypothesis / aims of study

It has been reported that 40% of middle-aged women who live in local communities have urinary incontinence (UI) in Japan. 10% of them need the medical treatment, but only under 10% of them visit medical facilities. (1)

Women with UI don't speak around for embarrassing. Also, they hesitate to participate in society. (2)

Therefore, we evaluated how do middle-aged women think about their UI and cope with. We used interviews with 17 women in local communities.

The aim of this study was to confirm the reason why most of middle-aged women who have UI would not consult doctors.

Study design, materials and methods

Study subjects were comprised of 17 middle- aged women (40-59 years old). They had lived in local communities and had UI more than once a month for more than a year. The data were collected via semi-structured interviews, then analysed using the modified grounded theory approach. This study approved the research ethics committee of the university.

Results

Using the modified grounded theory approach, there were two categories the way these women with UI to accept UI. One is "cognitive coping categories", and the other one is "behavioural coping categories". In this study, there were 7 cognitive coping categories and 11 behavioural coping categories. We drew up a figure 1: Process of cognitive coping categories. That figure showed 5 steps which these women with UI to accept UI.

Step 1 'a belief: I never have UI'

Step 2 'a shock: I have UI'

Step 3 'a denial: I never accept that I have UI'

Step 4 'an anxiety: 'I'm worry about the future'

Step 5 'a resolution: 'I should take some action to improve UI'

Those changing process from Step 1 to Step 5 in cognitive coping categories caused the changing from 'closed self-managing action' to 'action to improve UI' in behavioural coping categories. The samples of closed self-managing action were 'restriction of drinking water' and 'hiding the urine leakage'.

Action to improve UI included the following actions;

Step A 'Share and gather the information about UI'

Step B 'Receive the appropriate nonmedical treatment'

Step C 'Exercise the pelvic floor muscle'

Step D 'Failure of a solution'

After step D, most of women with UI went back to the 'closed self-managing action'. And those all categories were having an influence on the changing process each other.

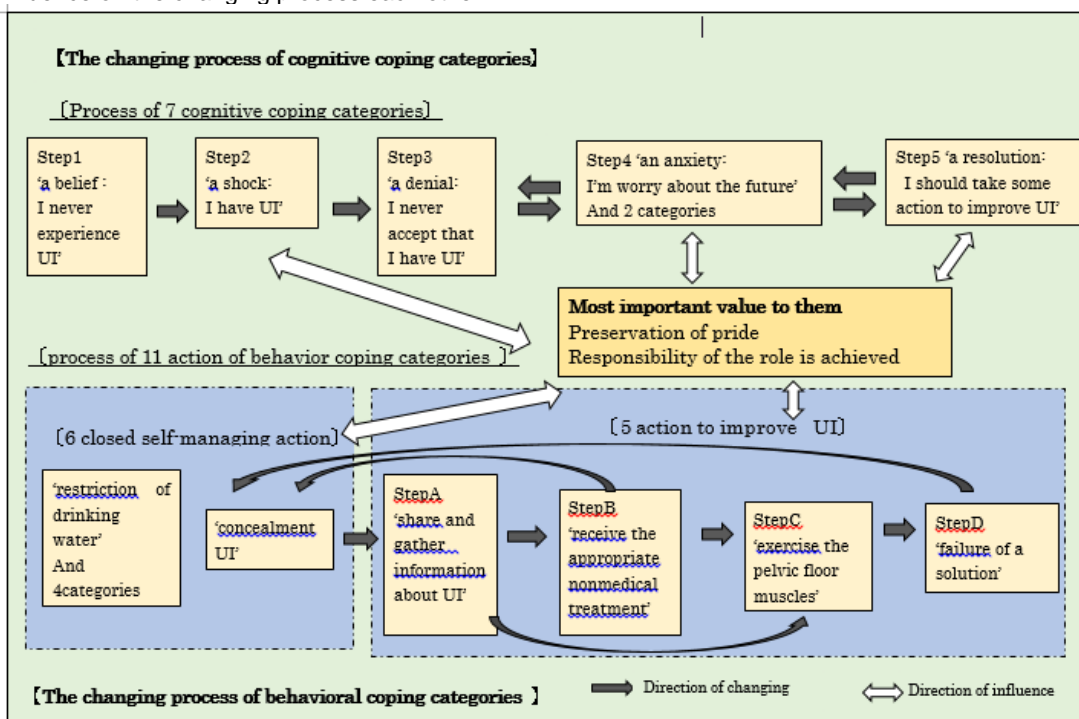


Figure 1: Process of cognitive coping categories and behavioural coping categories

Interpretation of results

In this study, there were three reasons most of middle-aged women with UI not to receive the treatment. First reason is that they don't view themselves objectively. Second is that they continue the coping of preservation of pride. Third is that they think it is more important to take responsibility in social situation. Most of them expected to improve UI and they tried 'action to improve UI'. However they couldn't improve UI. Finally, it seemed that they had to continue 'closed self-managing action'.

Concluding message

We would like to continue this study with more subjects and other areas.

References

1. Kesami Sakaguchi 2005
2. Reiko Azuma 1996

Disclosures

Funding: nothing **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics Committee:** This study approved the research ethics committee of Tokyo Metropolitan University at Arakawa campus. No.14001 **Helsinki:** Yes **Informed Consent:** Yes