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Title (type in CAPITAL LETTERS, leave one blank line before the text): A LARGE STUDY ON FEMALE INCONTINENCE EPIDEMIOLOGY. PART 2:ANALYSIS OF PREVALENCE, RISK FACTOR AND QUALITY OF LIFE.

#### Aims of study

In part 1 we have focused the importance of epidemiological studies regarding female urinary incontinence, as the problem is frequently hidden by prejudice and fatalism, and therefore underestimated. We have shown that the modality of administration of the questionnaire is of outmost importance for the analysis of results, as a simple questionnaire send only by mail gives a low rate of responses ( 33.6%).The same questionnaire, given in addition to a form investigating history and pathologies ( HF), and submitted by a physician is usually well accepted, reaching a response rate of 76%. The aim of the second part of our study is to illustrate results regarding prevalence of the disease,the risk factors and its impact on quality of life.

#### Results

3003 SQ were examined, being correctly filled in. 894 pts. reported at least 1 incontinence episode in the course of their life ( 29.7%). Among them 617 were suffering from it during the last year (20.5%): this means that the symptom has spontaneously disappeared in 30.9% pts. The relationships with age and parity are obviously outstanding: prevalence varied from 13.6 for age 18-30 to 35.4 % for age 51-60.( table 1). Small differences are seen between the 2 groups

Table 1- Prevalence of U.I. in different ages.

	18-30	31-40	41-50	51-60	61-70	> 70
VA gr.	7 %	29.9%	36.7%	33.4%	32.5%	-
DE gr.	18.3%	27.5%	33.7%	37.3%	36.1%	29.1%
Total	13.6%	28.6%	34.3%	35.4%	34.5%	29.1%

Among incontinent pts. 49% were parous 2 and only 1 % were parous 0. The modality of delivery or fetal macrosomia don't seem to influence the prevalence of U.I. Obesity and hormonal status seem to play a worsening role ( Table 2)

Table 2 - Risk factors.

	Continent	Incontinent
Menopause	34.3 %	41%
Hormonal Repl.Th.	13 %	8.1 %
BMI > 25	22.8 %	35 %

Among pts. actually incontinent, a worsening of the disease is reported by 11.8% and a stability by 68.5%. In our sample symptoms lasted for years in 62.9% and for months in 30.9%.

Despite that, 85% of incontinent females has never started any kind of therapy; only 2.5% underwent surgery with good results ( 2% underwent surgery, but with poor results) and 10.4% were submitted to drugs or conservative therapies.51% never revealed disturbance to anybody, 21% referred to G.P. and only 9.7% to a specialist .

On the other hand, urinary incontinence is judged by 66% pts. as a major problem or a real disease, but the only choise is commonly to wear pads: this is often considered as the normal burden of aging. The solutions adopted to face the disease were: increasing voiding 37%, pads 24%, physiotherapy 7%, fluid intake restriction 2%, drugs 2%, no aid 24%.

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Conclusions

Female urinary incontinence has confirmed to be an outstanding social and sanitary problem in our country: it is underestimated especially by the difficulties for patients to seek help from their doctors, nurses or specialists. The majority of pts. aged over 60 consider incontinence an unsolvable problem or a condition usually related to age, but 62%of respondents consider U.I.a great limitation in their activities and a negative factor for physical and psychological well-being. The questionnaire administered directly by physicians was the opportunity for focusing the problem, offering some suggestions or referring to G.P. for specialized therapies.