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URINARY AND BOWEL SYMPTOMS IN WOMEN CONSULTING THEIR GENERAL PRACTITIONER: PREVALENCE AND RATE OF SPONTANEOUS REPORTING

Aim of the study

Urinary and bowel dysfunction is frequent complaints in women, but because of embarrassment or shame they are rarely volunteered during a medical consultation and underreported in medical literature. For this reason the role of the General Practitioner in detecting these problems is of paramount importance to make the women admit their symptoms.

Few data are available on the rate of spontaneous reporting of urinary and bowel symptoms to the GP.

The aim of this study was to evaluate the prevalence of urinary and bowel disorders amongst women consulting their GP for any medical problem, and to detect the rate of spontaneous reporting of these different symptoms.

Materials and methods

Women consulting two General Practitioners for any reason were enrolled in this study. A specifically designed questionnaire on urinary and bowel symptoms was completed by the GP at the very end of the consultation on a one every two consecutive patients basis. This method was performed in order to minimally interfere with the daily GP practice, being the questionnaire time-consuming. A specific box on spontaneous reporting in the questionnaire was ticked if the patient volunteered her urinary and/or bowel symptoms before medical questioning.

All the data were then stored into a specifically designed database and analysed.

Results

One-hundred-and-one women with a mean age of 52.8 years (range 19-85yrs) were considered for this study. Thirty-five of them (34.6%) were nulliparous and 61 (60.4%) postmenopausal.

On direct questioning 54 women (53.5%) were found to have urinary problems, being irritative bladder symptoms (frequency, urgency, urge incontinence and nocturia) reported by 44.4% of them, stress incontinence by 22.2% and mixed symptoms by 33.3%.

Thirty women (29.7%) complained of constipation. Sixty percent of them complained of hard stools or bowel emptying difficulties, while 12 women (40%) complained of a reduced stool frequency (<3 bowel movements per week).

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Five women (4,9%) were found to be anal incontinent: four reported less than three episodes per month and one complained of less than three episodes per week. All the anal incontinent women had also urinary symptoms.

10 women (18.5%) spontaneously reported urinary symptoms. None volunteered constipation or anal incontinence; only one woman spontaneously complained of diarrhoea.

Conclusion

Urinary and bowel dysfunction is common but frequently hidden problems in a female general population. In this study more than 50% of the women interviewed by their GP for any medical problem complained of urinary symptoms, 30% were constipated and 5% anal incontinent. Despite these distressing symptoms less than 20% of women with urinary disorders spontaneously admitted them to their GP; none of the women with bowel disorders did it. Direct questioning on urinary and bowel symptoms should be considered routinely during any general medical consultation in women. Particular attention for anal incontinence should be paid in women with urinary disorders.