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Title (type in CAPITAL LETTERS, leave one blank line before the text) URGENCY AND URGE INCONTINENCE AS PREDICTORS OF 10-YEAR MORTALITY IN THE OLDER POPULATION AIMS OF STUDY. Urgency and urge incontinence are common urinary symptoms with multiple etiology and profound impact on the quality of life of ageing persons. The results from the few previous multivariate population-based studies on association of incontinence with mortality in older people are not consistent (1,2). The aim of this study was to examine the association of urgency and urge incontinence with 10-year mortality in elderly men and women controlling for the most important other predictors. METHODS: In 1979, 1059 people aged 60-89, selected by random sampling stratified by 5-year age group and sex, were interviewed for the Tampere Longitudinal Study on Ageing. The number of men and women interviewed were 528 and 531, respectively. The response rate was 81 %. Urgency was defined as having trouble getting to the lavatory in time but not wetting oneself. Urge incontinence was defined as having urgency and wetting oneself either at daytime or during the nights. Other indicators used were number of diseases affecting daily activities and activities of daily living (ADL) The follow-up study was conducted in 1989. The vital status and the dates for mortality analysis were provided by the national Population Register Centre. Survival curves for each gender according to life table analysis were computed in order to evaluate the age adjusted association of baseline urgency and urge incontinence with total mortality. Cox proportional hazards models for men and women were used to examine the independent association of urgency and urge incontinence with 10-year mortality, adjusting for age, diseases affecting daily activities and ADL. RESULTS. At baseline, 7 % (n=36) and 5 % (n=28) of men and 8 % (n=43) and 6 % (n=31) of women were complaining of urgency without incontinence or urge incontinence, respectively. During the ten-year follow-up, 86 % of men and 54 % of women who reported at least urgency (with or without incontinence) had died. The respective figures for men and women without urgency were 57 % and 38%. Adjusted for age, both urgency without incontinence and urge incontinence significantly predicted mortality during 10 years in men. The risk ratios (RR) of

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urgency only and urge incontinence were 1.88 (95 % confidence interval (CI) 1.28-2.75) and 3.2 (95 % CI 2.07-4.80), respectively. Among women, only urge incontinence was statistically significant predictor of death with RR 1.63 (95 % CI 1.03-2.57) compared with women not suffering from the symptoms. Among men, the significant predictive effects of both urgency alone and urge incontinence on mortality persisted, after adjustment in the first model for age and diseases affecting daily activities and in the second model after adding the ADL variable into the model. In the second model, the RR of urgency alone was 1.71 (95 % CI 1.16-2.53) and that of urge incontinence 2.32 (95 % CI 1.49-3.64) compared with men without the symptoms. Among women, urge incontinence was statistically significantly predicting mortality only in the first model with RR 1.61 (95 % CI 1.02-2.54) while it was losing its predictive power when ADL was included into the model.

CONCLUSIONS: Independently from age, chronic diseases and functional status, male urgency or urge incontinence and female urge incontinence are associated with 10-year mortality in elderly people. The predictive effect of urge incontinence on mortality is stronger among men than among women. Urge incontinence is a stronger predictor of death than urgency alone. The results here suggest that urgency and urge incontinence can be considered significant indicators of prognosis especially among elderly men.

REFERENCES

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