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A LARGE STUDY ON FEMALE INCONTINENCE EPIDEMIOLOGY, PART 1: DATA COLLECTION

Aims of study

Epidemiological studies on female urinary incontinence are seldom performed, because embarrassment and fatalism make difficult quantifying the true prevalence of symptoms in general population (1). Instruments used for definition and quantification are highly variable and therefore not comparable. Rates are varying from 4 to 52% in relationship to the methods of investigation and the age of females examined (2-3). This large study was completed in a sanitary district in Northern Italy, by mail or directly to people referred to public outpatient offices for gynecological pathologies.

Methods

A self administered questionnaire (SQ) was submitted by mail to 4440 females, aged 18 - 65, in the district named VA: questions investigated circumstances of urinary leakage, urgency /frequency syndrome, difficulties in bladder emptying, quality of life and fecal incontinence: it was coupled with an additional form (HF) that investigated history, social, economical and obstetric factors. In another district of the same region named DE, all patients referred to a public gynecological outpatient office for benign conditions from Nov. 97 to July 98 were answered to fill the same questionnaire and the additional form (HF): 1989 patients were recruited after they have received by physicians explanations about the aims of the study and the importance for them to seek aid for the problem of urinary incontinence: pts. were then left free to fill the form SQ or not.

Results

1558 HF and 1491 SQ were collected from the VA group and 1989 HF and 1512 SQ from the DE one, which represents a response rate for SQ of 33.6 % and 76% respectively. The modality of administration of the questionnaire represents a significant factor in response rates: a questionnaire send only by mail is poorly understood and taken into account, even if at the beginning of the study all G.P. of the district were alerted about it and informed their patients. On the other hand, if a questionnaire is well explained and administered by a physician, patients are available to answer the interview and to fill in a questionnaire regarding their condition. About pts' age, the relationship between female population and enrolled patients is shown in table 1: curves of distribution are similar, but not completely overlapping in the sample, while a perfect similarity is observed in VA group: this is due to a small prevalence of middle-aged people referred to public outpatient office in DE district. The similarity between VA group and general population demonstrates that there hasn't been any selective factor in the response rate for each age.

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Conclusions

This large epidemiological study has been performed by means of 2 different ways of administration of a disease-specific questionnaire and an historical form, which is very useful for analyzing socio-economical, obstetrical and medical factors influencing the prevalence of urinary incontinence (see part two). The response rate was obviously highly different between females contacted only by mail and those interviewed directly by physicians and this fact represents a major bias in the analysis of data eventually collected only by means of the first method .

Table 1.

Age distribution in the region and in the 2 groups

Age	Population %	Pts.%	VA group%	DE group%
18-30	25.8	21.6	26 4	17.4
31-40	24.3	25.3	24.2	25.3
41-50	21.5	25.3	23	26.3
51-60	19.5	20.7	19.3	21.3
61-65	8.9	7.1	7.1	7.1

References

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