

URINARY INCONTINENCE IN AN OLDER POPULATION - PREVALENCE OF TYPES, ASSOCIATED FACTORS AND SELF-REPORTED TREATMENTS

Aims of the Study

Geriatric urinary incontinence is known to be associated with various health conditions and psychosocial factors. However, few studies have examined the prevalence and associations of urinary incontinence in random older populations including both genders (1,2) and according to its type (3,4). The aim of this study was to describe the prevalence, associated factors and self-reported treatments of stress, urge and mixed incontinence in a random older population including both community dwelling and institutionalized people of the two genders.

Methods

A population-based cross-sectional survey was conducted in 1999 involving 398 subjects aged 70 and over, of whom 171 were men and 227 women. A stratified sampling method was used and the data were collected by in-person interview. The response rate was 92.8 %. Age- and gender- specific weighting was used to be able to generalize the figures to the basic population of that area at the time of the survey. Stress incontinence was defined as having urinary leakage during exertion, for example coughing or lifting and urge incontinence as having urinary leakage associated with a strong urge to urinate. Mixed incontinence was defined as reporting both urge and stress incontinence. The health and social indicators used were living in an institution, comorbidity(at least 3 diseases vs 0-2), ADL (activities of daily living) disability, social inactivity, depressive mood, polypharmacy, use of sleeping medication, treated urinary tract infections and fecal incontinence. Cross-tabulations were used to evaluate the prevalences of stress, urge and mixed incontinence, self-reported medical and surgical treatments for incontinence and the use of incontinence aids in men and women. Cross-tabulations were also used to describe the percentual distributions of health and social characteristics among incontinent and continent respondents. Since respondents with urge and mixed incontinence differed from people without incontinence in respect with several health and social indicators, logistic regression models were used to examine the age-adjusted associations of urge and mixed incontinence combined with each of the health and social indicator separately in the two genders. In the analyses, the dichotomic health and social indicators were the outcomes.

Results

The prevalences of stress, urge and mixed incontinence in men and women were 2,17 and 6 % and 23, 6 and 30 %, respectively. The mean ages of both men and women with urge or mixed incontinence combined were statistically significantly higher than those of men and women without incontinence ($p < 0.05$). Adjusted for age, urge and mixed incontinence in women were associated with living in an institution (OR[odds ratio] 13.55;95% CI[confidence interval] 3.27-56.05), comorbidity (OR 3.03; 95% CI 1.14-5.89), ADL disability (OR 3.55;95%CI 1.72-7.32) and depressive mood (OR 2.49;95%CI 1.10-5,63) and fecal incontinence (OR 7.84;95% CI 1.53-40.05) while in men an association was found between urge and mixed incontinence and ADL disability (OR 2.59;95%CI 1.14-5.89) and depressive mood (OR 2.69;95% CI 1.14-6.34). All the men living in an institution were incontinent of urine. Urge and mixed incontinence were not associated with polypharmacy, use of sleeping medications or treated urinary tract infections in either gender group. Of incontinent men 14 % and 11 % of the incontinent women had been treated medically; the respective figures for surgically treated were 10 % and 4 %. Diapers were more frequently used by women than men (46 % vs 9%) and especially by those with urge or mixed incontinence.

Conclusions

The results here emphasize the significance and multifactorial nature of the urge component in geriatric incontinence. A multidisciplinary approach is preferred in the evaluation and management of this condition in order to improve the quality of life of ageing persons and eventually save expenses in the health and social care services.

References

- 1) Prevalence and psychosocial impact of urinary incontinence in older people of a Spanish rural population. *J Gerontol* 2000; 55A:M207-M214.
- 2) Prevalence rate of urinary incontinence in community-dwelling elderly individuals: the Veneto study. *J Gerontol* 2001;56A: M14-M18.
- 3) Prevalence of urinary incontinence and other urological symptoms in the noninstitutionalized elderly. *J Urol* 1986; 136:1022-1025.
- 4) Medical correlates of urinary incontinence in the elderly. *Urology* 1990; 1990; 36: 129-138.

This work was financially supported by the Medical Research Fund of Tampere University Hospital.