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ETHNIC DIFFERENCES IN URINARY INCONTINENCE: RESULTS FROM THE WOMEN'S HEALTH INITIATIVE

Aims of Study

To describe ethnic differences of stress, urge and mixed incontinence in healthy ambulatory menopausal women and to determine the differences in severity of incontinence between ethnic groups.

Methods

This is a cross-sectional analysis of the baseline characteristics of women enrolled in the Women's Health Initiative (WHI). The WHI is a prospective study of 161,861 postmenopausal women (0.5% of the entire age eligible population of U.S. women) aged 50-79 years enrolled from 1994-1998 in 40 U.S. clinical centers. Detailed baseline questionnaires ascertained information on demographics, chronic illnesses, time since menopause, parity, breastfeeding, duration of hormone use, hysterectomy status, constipation, and urinary incontinence. Descriptive statistics explored relationships between incontinence and risk factors. Logistic regression models investigated factors associated with urinary incontinence

Results

Of the 161,861 women enrolled, 152,480 were included in this analysis. Sixty six percent of women reported any type of incontinence. When compared to Caucasian women, all ethnicities had reduced risk for any incontinence. African American women had the lowest risk for stress and mixed incontinence, while Asian women had the lowest risk for urge incontinence.

Ethnicity	ress Incontinence		Urge Incontinence		Mixed Incontinence	
Reference = Caucasian	OR	CI	OR	CI	OR	CI
African American	0.25	0.24-0.27	0.58	0.55-0.61	0.23	0.22-0.25
Hispanic	0.81	0.75-0.87	0.75	0.69-0.82	0.56	0.50-0.62
American Indian	0.75	0.61-0.93	0.71	0.56-0.90	0.64	0.50-0.84
Asian Pacific Islander	0.81	0.75-0.88	0.54	0.49-0.60	0.54	0.48-0.61
Other	0.73	0.64-0.82	0.77	0.67-0.87	0.58	0.50-0.68

Severity was assessed by frequency and amount. The severity score was lower in all ethnicities compared with non-Hispanic Whites. African American women reported the fewest symptoms (OR = 0.38 mild, 0.32 severe) followed by American Indian (OR = 0.67 mild, 0.79 severe), Asian Pacific Islander (OR = 0.69 mild, 0.69 severe).

Conclusions

The WHI is a landmark study for the number of participants it will follow, the range of outcomes it will investigate, for its duration, and for its unique focus on diseases in older women. This is the first description of ethnic variation in prevalence for urinary incontinence by type and severity. The risk for incontinence differs between ethnic groups suggesting that approaches to risk-factor modification and prevention may also differ. Future studies with this cohort will have the ability to make comparisons between ethnic groups and address the needs of diverse populations. Supported by NIH contract N01-WH-4-2118.