

URINE AND FAECAL INCONTINENCE AMONG MEN AND WOMEN 75 + - RELATION TO OTHER COMPLAINTS AND QUALITY OF LIFE.

Aims of Study

The aim was to investigate the prevalence and impact on quality of life (QoL) of self-reported urinary, faecal and double incontinence among men and women 75 years and above, and also to identify how other types of complaints relate to the incontinence symptoms.

Methods

A randomised sample, stratified for age, of men and women from the population were included in the study. A total of 4277 (61.6% women and 38.4% men) of 8500 completed a postal questionnaire. The questions concerned 27 different disorders that are common among elderly, and 30 different complaints. Questions were also asked about socio-economic background and QoL. The definition of incontinence in this study was subjective, i.e. including those having difficulties to control urine and/or faeces. The prevalence rates were estimated within each age group. QoL was measured with SF-12 (physical and mental QoL) and a Gerontological Centre questionnaire (present QoL and life span quality). Risk factors were estimated for the three different groups of incontinence, urinary, faecal and combined, with age and gender together with 28 other complaints in a backward logistic regression model.

Results

Overall 39% of those responding reported symptoms of urinary incontinence (women significantly more often than men, $p < 0.001$). Faecal incontinence symptoms (FI) were present among 17% (no difference between sexes) and double incontinence (DI) was reported among 15% (no difference between sexes). The prevalence of all three sorts of incontinence increased with age.



Fig 1. Prevalence of urine- faecal and double incontinence among women and men in different age groups.

Other complaints were significantly overrepresented among those suffering from incontinence. Persons with combined incontinence comprised an especially vulnerable group. QoL was significantly decreased among all men and women with incontinence in all four aspects measured eg. physical, mental, present and life span quality. Those with combined incontinence had the lowest QoL. Incontinent persons needed help in personal and instrumental daily activities and, as expected, those with double incontinence had the highest needs. Factors strongly correlated with urinary incontinence was communicative and mobility

problems, and other types of urinary complaints. Diarrhoea and stomach pain were found to have a close association to fecal incontinence. Combined incontinence was found more often in individuals with complaints regarding mobility and elimination functions. Female gender was a risk factor for urinary incontinence only. Age did not indicate a higher risk in the models where complaints were included.

Conclusions

Urinary and faecal incontinence were found to be common among elderly men and women and with an increasing prevalence rate with age. Other complaints were overrepresented among persons with incontinence (any kind) and those with faecal or double incontinence were most affected. The identified risk factors indicated that many other types of complaints were related to incontinence. Our results also favour that measures such as to increase the mobility and to improve stool consistency might be important and may delay or prevent incontinence among elderly and thus also improve their quality of life.