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PREVALENCE OF BOWEL SYMPTOMS IN WOMEN WITH URINARY INCONTINENCE

Aims of Study

The aim of this study is to assess the prevalence of different bowel symptoms; faecal incontinence, constipation and faecal evacuation dysfunction, in women with urinary incontinence. We aimed also, to ascertain whether women with urinary incontinence spontaneously seek medical advice regarding these bowel symptoms.

It is widely accepted that bowel and urinary symptoms co-exist and it has been suggested that bowel symptoms were often under-reported. Previous studies were predominantly retrospective, hence liable for recall bias.

Methods

All women referred with urinary incontinence to a Urodynamic clinic in a district general hospital in the SW of England during the period June 2002- January 2003 were invited to participate in the study. Women attending this clinic routinely completed a history sheet, Stamey Scoring for Incontinence and Kings College Quality of Life Questionnaire (Kings QoL). Those who agreed to participate in the study were asked to complete in addition the Birmingham Bowel and Urinary Questionnaire (BBUQ-22). Hospital notes were examined for patient demography and to ascertain the urodynamics diagnosis.

Results

One-hundred-and-forty five women with urinary incontinence participated in the study: 132 women correctly completed the questionnaires and the remaining 13 patients were excluded from the statistics. The mean age was 59.6 years (range 36-83). 55 patients (41.6%) were found to have urodynamic stress incontinence, 51 patients (38.6%) had detrusor over-activity, 13 patients (9.8%) had mixed incontinence and 13 patients (9.8%) had normal urodynamic assessment. 89 patients (67.4%) had at least one bowel symptom (mean age 62 years). 56 patients (42.4%) complained of faecal incontinence, 52 patients (39.4%) complained of faecal evacuation dysfunction and 30 patients (22.7%) complained of constipation. Only 43 Patients (32.6%) were fee of any bowel complaint while 10 patients (7.5%) had all three complaints. In the group of patients with faecal incontinence, 26 (46.4%) had detrusor over activity and 24 (42.9%) had urodynamic stress incontinence. Only 20 patients (22.5%) had any medical advice/treatment for their bowel symptoms, and they were more likely to seek medical advice if they have two or more bowel symptoms.

Conclusions

This study has demonstrated the high prevalence of bowel symptoms, especially faecal incontinence, in women with urinary incontinence irrespective of its aetiology. It also confirmed that they tend to be under-reported. We recommend that women should be directly approached regarding their bowel symptoms during their urogynaecological assessment. This could be done reliably, and without prolongation of clinic time, via a questionnaire to be completed prior to the consultation.