

URINARY INCONTINENCE IN AFRICAN AMERICAN, HISPANIC AND CAUCASIAN WOMEN

Aims of Study

Our knowledge about the prevalence of urinary incontinence among women of different racial background is limited. One recent comparative study, which found a higher prevalence of urinary incontinence in Caucasian women, compared to African American and Hispanic women (1). It also found a difference in the types of incontinence between the races. In order to eliminate age as a confounding factor, we compared the prevalence of urinary incontinence among a group of perimenopausal women of African American, Caucasian and Hispanic descent. To determine whether racial factors play a role in the development of urinary incontinence or its perceived impact on quality of life.

Methods

African American, Caucasian, and Hispanic women between 40 and 50 years of age, presenting for routine gynecological care at the residents' and faculty clinic at the Department of Obstetrics and Gynecology at the University of Rochester, were asked to complete a questionnaire. Information on symptoms of urinary incontinence, as well as medical history, demographics and quality of life data were obtained. Findings on pelvic exams were recorded. Chi square analysis was used to evaluate the data for statistical significance.

Results

A total of 88 women were enrolled in the study, of which 28 were African American, 28 Caucasian and 32 Hispanic. The African American and Hispanic women differed from Caucasian women in that they had higher parity (p 0.008), higher body mass index (p 0.045), and greater rate of hysterectomy (p 0.007). Depression bordered on significance (p 0.055). The reported overall prevalence of urinary incontinence was 55.6% for African American, 34.4% for Hispanic, and 40.0% for Caucasian women. This was not statistically significant. There was no significant difference in the distribution of urge and stress related urine loss, duration of incontinence, frequency of incontinence episodes or number of daytime voids. The majority of African American and Hispanic women reported voiding three times or more per night as compared to 10% of Caucasian women (p 0.01). When questioned about the impact of urinary incontinence on daily activities and on emotional well-being, African American and Hispanic women reported a greater impairment than Caucasian women.

Conclusions

The prevalence of urinary incontinence was similar between African American, Caucasian and Hispanic women, despite difference in parity. Also similar were the reported severity and the circumstances of urine loss. However the impact on the quality of life was greater for Hispanic or African American women. The difference in nighttime voiding is intriguing, but our data does not allow any inference on why that might be the case. Lastly, based on these findings one would expect that the proportion of African American, Hispanic and Caucasian women seeking treatment for urinary incontinence mirror their distribution in the general population. This is not the case in the racial distribution we observe in our referral practice. Further investigations are warranted to validate the findings of this study, especially with regards to its implications to equal access and provision of health care with regards to urinary incontinence. (Supported by a grant from the Mae Stone Goode Foundation)

Reference

(1) Sze EH, Jones WP, Ferguson JL, Barker CD, Dolezal JM. Prevalence of urinary incontinence symptoms among black, white and Hispanic women. *Obstet Gynecol* 2002;99(4):572-5