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ARE INCONTINENT WOMEN FINDING THE HELP THEY SEEK?

Hypothesis / aims of study

Women with socially bothersome urinary incontinence face barriers to seeking or obtaining medical attention, often for personal reasons. One study determined in a cross-sectional survey of adult US women that only 38% of women with incontinence initiated a conversation with a physician.(1) In addition, urinary symptoms are often overlooked by healthcare providers on the primary care level. This abstract seeks to identify the characteristics of women with socially bothersome urinary incontinence, to determine what proportion of these women do not seek care and the reasons why. Conversely, we investigated characteristics of women who successfully obtained care and the factors that influenced them.

Study design, materials and methods

A 67- item questionnaire was administered to 374 female twins in Twinsburg, Ohio at the national twins' convention. The survey included demographic information, detailed questions pertaining to urinary, fecal and sexual dysfunction as well as prolapse, the short forms of the UDI and IIQ, and whether or not patients were socially bothered by the respective issues. Additional survey questions asked whether patents raised the issue with their doctors, if doctors raised the issues with them, if they actually saw a physician regarding their problems, and their perceptions and reasons for not seeking care. Data were analysed using descriptive statistics, student t-tests and chi-squared tests for univariate analysis, and spearman's coefficient for ordinal data. p values<0.05 were considered significant.

Results

Among 374 women surveyed, 58% reported stress, urge or mixed urinary incontinence, 11% reported fecal soiling, and 11% reported fecal incontinence. Thirty percent of women with incontinence reported socially bothersome incontinence. Forty-four percent of women with socially bothersome incontinence raised the issue with a physician. Table 1 summarises reasons why women did not seek care, and Table 2 describes symptoms associated with socially bothersome incontinence. Of note, 58% of women with 'moderate to severe' urge incontinence, based on the Likert scale, raised the issue of incontinence with a physician. When the same women were asked whether they had seen a doctor for their problem, 47% responded 'no'. Similar results were found in women with stress incontinence. Of all women surveyed, only 13% (49) indicated that they successfully obtained medical care for symptoms of pelvic floor dysfunction. Of these women, half (53%) were 'socially bothered' by urinary incontinence symptoms. The other half (47%) were not bothered by urinary incontinence symptoms, but had concomitant symptoms including fecal incontinence, fecal soiling, prolapse requiring splinting, nocturia and urgency. (See table 3)

Table 1: Reasons for not seeking care (descending order of frequency)

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|--|------|
| Thought these problems were normal part of getting older | 51% |
| The doctor never asked | 17% |
| Thought these symptoms were normal result of childbirth | 12% |
| Thought these problems were too embarrassing to mention | 11% |
| Not aware the problems could be treated or heard they couldn't be | 7% |
| Apprehensive about treatment | 7% |
| Other | 15% |
| Multiple | 49% |

Table 2: Characteristics of women socially bothered by incontinence

| | Bothered | Not Bothered | p value |
|---------------------|----------|--------------|---------|
| Age | 51 | 53 | 0.53 |
| Post menopausal | 63% | 64% | 0.94 |
| Weight | 164lb | 150lb | 0.04 |
| Parity | 2.8 | 2.7 | 0.62 |
| Sought Care | 44% | 16% | 0.001 |
| Episodes of leakage | | | |
| Per week | >3 | <3 | < 0.001 |
| Likert scale(0-3) | >2 | <2 | < 0.001 |
| Urgency | 50% | 27% | 0.01 |
| Hysterectomy | 37% | 19% | 0.03 |
| Frustrated | 67% | 20% | < 0.001 |
| UDI score | 41 | 21 | < 0.001 |
| IIQ score | 18 | 4 | <0.001 |

Table 3: Characteristics of women who successfully obtained care

| | Obtained care | Did not obtain care | p value |
|--|---------------|---------------------|---------|
| Raised issue with physician Increased weekly number of | 76% | 16% | <0.001 |
| Incontinence episodes | 47% | 13% | < 0.001 |
| Increased urgency/nocturia | 41% | 27% | 0.044 |
| Prior surgery | 9% | 2% | 0.007 |
| Fecal incontinence | 29% | 15% | < 0.001 |
| Doctor raised issue with them | 37% | 19% | < 0.001 |

Interpretation of results

Women who are "socially bothered" by urinary incontinence, or have concomitant pelvic floor dysfunction, are more likely to seek and successfully obtain care. However, greater than 50% of women who are socially bothered by their incontinence do not seek care. It appears that up to one-half of women with moderate or severe incontinence that raise their concerns with a physician, may have their symptoms overlooked. Of women who successfully obtain care were more likely to have been asked by physicians about their symptoms.

Concluding message

Significant progress is needed to dispel common misconceptions in the general population in order to meet the healthcare needs of incontinent women. Women who have moderate to severe incontinence, based on self assessment, or concomitant symptoms are more likely to seek care. Unfortunately, not all of these women receive the care they seek. This information highlights the need for effective screening among primary care women's health providers and treatment or referral to a specialist when concerns are raised by patients. Better access to urologic and urogynecologic care is essential.

Reference

1. Factors associated with women's decisions to seek treatment for urinary incontinence. Journal of Women's Health 2003;12(7):687-98.