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PREVALENCE OF BOWEL DISORDERS AND PELVIC ORGAN PROLAPSE COMPLAINTS IN RELATION TO URINARY INCONTINENCE IN A GENERAL FEMALE POPULATION.

Hypothesis / aims of study

The prevalence of double (urinary and faecal) incontinence is studied in different ways but is mostly focussed on groups of patients visiting urodynamic, urogynecological or colorectal clinics. The prevalence of these combined problems in the general female population however is hardly known.

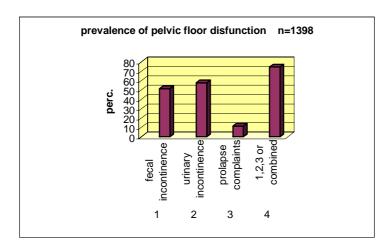
This study was undertaken to evaluate the prevalence of faecal incontinence and constipation in relation to urinary incontinence in a population study of 1400 females, aged 45 – 85 years.

Study design, materials and methods

In a general population survey the entire female population aged 45-85 years n (2750) of a small town was invited to fill in a questionnaire with different validated questionnaires on urinary incontinence (UDI, IIQ), bowel disorders and prolapse related complaints. A total of 1398 women consented (50%). Mean age was 58 years. Bowel dysfunction was classified involuntary s loss of flatus, fluid, solid stool and constipation (defecation <3/wk).

Results

1078 (77,1%) of this group of women suffered form either constipation, fecal incontinence, urinary incontinence, prolapse complaints or a combination of these. 807 women were urinary incontinent (59.5%) of which 29,5 % had stress incontinence, 5,9% urge incontinence and 22,4 % mixed incontinence. 720 women suffered from a form of fecal incontinence. 218 from fluid incontinence (12%), solid stool incontinence (4%)) and 662 women had flatus incontinence (47%). 69 (4,9 %) women suffered from constipation (< 3/wk).



Complaint	Stress	Urge	Mixed	P Urge vs stress
Constipation	4.9	1.3	5.2	
flatus inc	53.0	56.8	59.4	Ns
Fluid stool	9.2	24.7	21.1	p = 0,000
solid stool	1.2	4.9	5.8	p = 0.022
Prolapse complaints (159)	9.7	20.7	13.7	p = 0,004

We specifically studied the relationship between the specific form of urinary incontinence and other pelvic floor symptoms (Table) Urge incontinence was significantly more prevalent in women with complaints of POP as well in women with incontinence of solid and fluid stools.

Interpretation of results

Pelvic floor problems either alone or in combination are extremely prevalent in our study group with 77 % (1078) of the women suffering from at least one of the major symptoms. 36 % (388) of them had only one problem and nobody reported on all the investigated symptoms. 64 % (690) two or more complaints. It is therefore clear that these symptoms should not be studied alone but in relation to each other.

We found a high significance between the presence of urge incontinence and POP

This is compatible with other studies who found symptoms of overactive bladder in POP possible related to mild obstruction cause by a kinking effect of the vaginal prolapse on the urethra. The relationship between urge incontinence and faecal incontinence is puzzling. These results were compared with results from an earlier study(1). There was no relation found in the flatus incontinence group what could explain a possible internal sphincter weakness as suggested in a comment on the earlier mentioned study (2). However, urge patients are complaining more and have a lower quality of life score than the stress incontinent group and could partly be the reason of these scores. Possibly there are other confounding factors explanatory for this relation.

Concluding message

When studying prevalence of pelvic floor problems it is mandatory that these problems are not studies isolated but combined and in relation to each other. Isolated studies of only one aspect will certainly underestimate the magnitude of these problem.

Since pelvic floor problems are so frequently occurring as combination of symptoms the patients presenting with one of these problems should always carefully be investigated for all of the other aspects. This requires a well organised multidisciplinnary setting.

References

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