

HELP-SEEKING AND TREATMENT PROVISION IN MEN AND WOMEN WITH INCONTINENCE.

Hypothesis / aims of study

Whilst incontinence is a common symptom in both men and women it is generally accepted that few people seek medical help. However, estimates of help-seeking vary, as do prevalence estimates in epidemiological studies, due to methodological differences. Thus levels of met and unmet need are not clear. There is even less evidence available on pathways through care for those who do seek help and the success of services in meeting need and dealing with problems. The limited information available suggests that health care professionals in the primary care setting sometimes reinforce patient's misattributions of the condition and availability of treatments due to their own lack of awareness (1). This study seeks to establish the level of help-seeking in a community sample of men and women, aged 40 years and over with stress, urge and mixed symptoms and describe patterns of help seeking and treatment provision.

Study design, materials and methods

Survey data was collected as a population screen to identify women to take part in a randomised controlled trial of a continence nursing service. 30,228 men and women aged 40 years and over were randomly selected from practice registers of participating GP's. 17,371 (57.5%) responded (9340 women and 8031 men). The questionnaire was self completed and focused on symptom severity, quality of life, and service use.

Results

7.7% of men and 24.7% of the women experienced incontinence several times a month or more often. Prevalence of stress, urge and mixed symptoms were 7.7%, 5.8%, and 11.2% respectively for women and 0.5%, 5.5% and 1.7% for men. 25.9% of women with incontinence had sought help, and 13.6% of men. In both men and women older people were more likely to seek help. Those with mixed symptoms were more likely to seek help (34% of women and 32% of men, compared to those with stress symptoms (15% and 20%) and urge symptoms (24% and 19%). Help-seeking was related to severity of symptoms, as measured by frequency of leakage, in women but the association was less marked in men. Impact of symptoms on quality of life was also associated with help-seeking. 45.2% of men with disabling urge symptoms and 52.9% of those with disabling mixed symptoms sought help ($p < 0.05$). Similarly, 58.9% of women with disabling urge and 62.1% with disabling mixed symptoms sought help ($p < 0.05$). There were too few men with stress symptoms to assess impact but 59% of women with disabling stress symptoms sought help.

The GP was the preferred source of help for both men and women with few consulting a specialist continence nurse or other professionals (Table 1).

Table 1: Professionals sought help from.

	Men %	Women %
GP	83.3	74.9
Hospital doctor	36.1	21.2
Continence nurse	4.4	15.0
Other nurse	10.0	14.2
Physiotherapist	8.6	15.8

A substantial number of women (77% of stress, 68% urge and 61% mixed) reported receiving some form of treatment or advice which included pelvic floor training, urinary diary, bladder retraining, medication, referral to hospital, information on pads, reassurance or told to return if symptoms get worse. However, only 20%, 19% and 32% of men with stress, urge and mixed symptoms reported receiving treatment or advice.

Interpretation of results

The data confirm the low prevalence of help-seeking for incontinence in both men and women and whilst help-seeking is related to severity of symptoms and impact on quality of life there remains a substantial number of men and women with clinically significant and disabling symptoms who are not accessing treatment. Access to treatment also appears poor in those who do seek help, particularly in men. Further research is needed to establish the appropriateness of management in those who do seek help and how awareness of symptoms and treatment options may be increased in those who do not seek help.

Concluding message

There are high levels of unmet need in older people in the community in relation to incontinence in those who have and have not sought help and further work is needed on exploring appropriate management of incontinence by health services.

Reference

1. Barriers to help-seeking in people with urinary problems. Family Practice, 2001, 18(1), 48-52.

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