

## **A MODEL FOR EXPLAINING DIFFERENCES IN INCONTINENCE CARE SEEKING (MEDICS PROJECT)**

### **Hypothesis / aims of study**

Most of the existing incontinence care seeking research has been conducted on a homogeneous population of Caucasian men and women without theoretical modelling. Previously identified predictors of incontinence care seeking may not be applicable to incontinent Hispanic and Non-Hispanic African Americans. Salient psychosocial variables like expectations and barriers may differ in a racially heterogeneous incontinent female population. These differences must first be identified, and then applied to a theoretical model to establish race-specific predictors of incontinence care seeking. Theoretical models designed to explain health behaviors act as roadmaps or guidelines, which can direct research providing an understanding of such behaviors more efficiently. These models can help synthesize a body of research more easily, to understand a behavior more fully, and propose ways in which an intervention may be most effective. The objective of this study was to use the Theory of Care Seeking Behavior to identify predictors of incontinence care seeking in a racially heterogeneous incontinent female population.

### **Study design, materials and methods**

According to the Theory of Care Seeking Behavior, psychosocial variables (affect, utility, norms and habits) may directly explain care seeking behavior. Psychosocial variables can also interact with barrier variables to explain care seeking behavior. Clinical and demographic variables are external to the model because their influences should be captured by the salient psychosocial and barrier variables in the model. A 12-item expectation questionnaire and 14-item modified Melnyk's Barrier Scale was used to measure utility and barriers to care seeking. Positive and negative affect were measured by the PANAS questionnaire. Norms were measured by asking participants their perceptions about the importance significant others place on incontinence care seeking. Habits were measured by asking participants whether they had previously sought care for depression, urinary tract infection, or general health symptoms. Incontinence care seeking was determined by asking study participants if they had sought care for uncontrollable urine leakage in the past 12 months. Clinical and demographic variables such as age, race, socioeconomic status, incontinence severity, and incontinence specific QOL were also ascertained as part of a 30 minute computer assisted telephone interview (CATI) administered to 275 incontinent females (95 Caucasian, 95 African American, 80 Hispanic, 5 Other). A hierarchical logistic regression analysis was performed to determine if psychosocial variables predict incontinence care seeking directly and/or by interaction with barrier variables. After controlling for these theoretical variables, we determined if clinical and demographic variables external to theory added any unique variance to the model.

### **Results**

Only 76 (27.6%) of the 275 surveyed racially heterogeneous incontinent female population reported incontinence care seeking. Participants with care seeking habits were 45% more likely to seek care (OR 1.45 95%CI 1.15, 1.82) and participants who perceive care seeking as the social norm were 63% more likely to seek care (OR 1.63 95%CI 1.07, 2.49). Participants with severe urinary incontinence were 17% more likely to seek care (OR 1.17 95%CI 1.01, 1.35) and participants who reported a greater impact of incontinence on QOL were 8% more also more likely to seek care (OR 1.08 95%CI 1.00, 1.17) after controlling for psychosocial and barrier variables. Incontinent Hispanic females were 58% less likely to seek care (OR 0.42 95%CI 0.18, 0.97) after controlling for incontinence severity, impact of incontinence on QOL, psychosocial and barrier variables. Social norms and habits were no longer significant predictors of care seeking after including Hispanic ethnicity, incontinence severity, and impact of incontinence on QOL in the model.

**Interpretation of results**

Incontinence severity and its impact on QOL overwhelm habits and perceptions about social norms when decisions about care seeking are made.

**Concluding message**

Self assessment tools like Sandvik's ISI and IIQ-7 may increase clarity and facilitate care seeking when symptoms are present, especially for Hispanic females who are least likely to seek care. Race-specific interventions for incontinent Hispanic females should be designed using the Theory of Care Seeking Behavior in an effort to increase incontinence care seeking and reduce health disparities for this group. (Supported by NICHD R03 HD-00-012)

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