

TREATMENTS FOR STRESS URINARY INCONTINENCE SYMPTOMS BY PATIENTS REFERRED TO SECONDARY CARE WITHIN A UK SETTING.

Hypothesis / aims of study

The aim of this study was to describe the distribution of diagnoses and treatment trends for urinary incontinence in women at the secondary care level.

Urinary Incontinence (UI) has been studied in a variety of populations in the UK, with rates of reported prevalence between 8.5% and 53%.^{1,2} However, the treatment seeking behaviours of women are not well understood and few affected women appear to enter secondary care¹. Other studies estimate both lower (10%) and higher (52%) ranges for women with UI symptoms who report seeking care. Current NHS guidance has identified geographical variation in services at all levels as a problem and significant differences in interventions in association with age³.

Study design, materials and methods

This was a cross sectional, observational study which examined treatment patterns for women in secondary care in randomly selected months during 2001 -2002. Study data comprising visits for up to five years predating the index visit were collected by chart review. Data were irreversibly anonymised, entered into a computer database and aggregated in order to estimate annual treatment trends.

Results

The study was carried out in outpatient clinics in Bristol, Leicester, London, Glasgow and Yorkshire. The total number of patients was 412, accounting for 1,406 hospital visits. The mean (SD) age of women was 53.3 (11.3), range 30 – 81 years. The proportions of women with either stress mixed or urge incontinence are shown in table 1. 25.7%, (106) had symptomatically defined SUI.

There was a median delay of 14 weeks from primary care referral to first secondary care visit, 45.8% waited ≤ 13 weeks. Table 2 shows clinical evaluation of severity at presentation and

Table 1.	Type of incontinence			Total
	N, (% within type)			
	Stress	Urge	Mixed	
Mild	30 (28.3)	13 (18.8)	33 (15.6)	76 (19.7)
Moderate	29 (27.4)	14 (20.3)	76 (36.0)	119 (30.8)
Severe	16 (15.1)	10 (14.5)	29 (13.7)	55 (14.2)
Not recorded	31 (29.2)	32 (46.4)	73 (34.6)	136 (35.2)
Total	106	69	211	386

according to the mode of treatment delivered from secondary care. Of those women with symptomatically defined stress incontinence, 81 (76.4%) patients underwent urodynamics, of whom a diagnosis of urodynamic SUI was made in 66 (81.5%) of cases. Of the 106 SUI patients, 37 (34.9%) were recommended surgery, and by the study end, 17 (16.0%) patients received a surgical procedure.

There were 158 (of 386) patients who received care from a nurse. Of these, 110 received pelvic floor muscle training. 185 patients received pelvic floor muscle training from a physiotherapist.

Treatment in 2^o care according to clinician assessed severity (for those with SUI symptoms)				
	On presentation	Care by continence nurse	Prescribed physio	Surgery recommended
Mild	30	6	14	6
Moderate	29	16	18	15
Severe	16	6	9	3
Not recorded	31	7	13	13
Total	106	35	54	37

Interpretation of results

Women with SUI symptoms accounted for 26% of all women with UI referred to secondary care.

Most patients were classified by their secondary care clinician as suffering from either moderate or severe disease.

Most women complaining of stress incontinence underwent urodynamic testing, achieving a high positive diagnosis rate. 37 (34.9%) women were recommended for surgery as a result. The majority of referrals to clinical specialists within secondary care were appropriate in terms of severity

Concluding message

Secondary care referral and treatment patterns are not well described in the UK and management within primary care is being encouraged. This study goes some way to understand the pattern of treatments required from secondary care.

References

1. Prevalence of urinary incontinence. British Medical Journal, (1980). 281, 1243-1245.
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3. Good Practice in Continence Services, Department of Health, London 2002.

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