

A LARGE SCALE INVESTIGATION OF URINARY INCONTINENCE AND GENERIC QUALITY OF LIFE IN HEALTHY FEMALE WORKERS

Hypothesis / aims of study

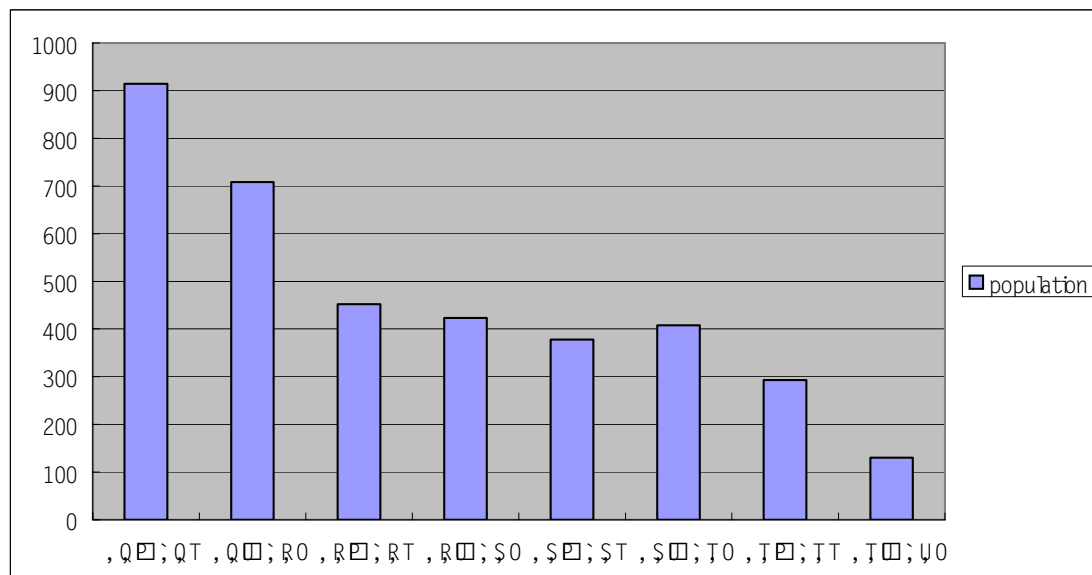
The aim of this study was to elucidate the prevalence of urinary incontinence and the relationships between urinary incontinence and generic quality of life (QOL) in women.

Study design, materials and methods

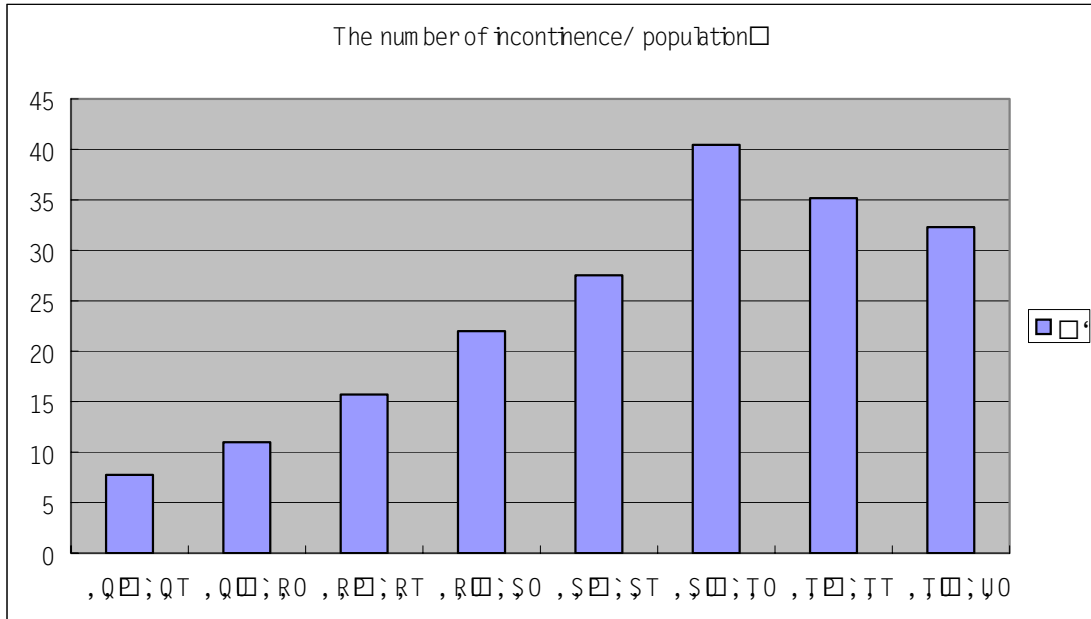
Of 7229 hospital nurses in 52 hospitals, 3730 (51.60%) aged 21 to 65 years responded to questionnaires including SF-36 and ICIQ-SF ICI send by mail. The severity of urinary incontinence was evaluated by both quantity and frequency-based questions. By an additional question, the type of urinary incontinence was estimated. The nurses sampled for this study was classified into the age groups of every 5 years old from 21 years old to 65 years old. The sample number of each group was 914 in 21 to 25, 708 in 26 to 30, 452 in 31 to 35, 423 in 36 to 40, 378 in 41 to 45, 408 in 46 to 50, 293 in 51 to 55, 130 in 56 to 60, 6 in 61 to 65. <fig.1>

Results

The mean age was 35.3years. Overall prevalence of urinary incontinence was 19.4% (719/3730). The prevalence of incontinence was increased with age between 21 to 50 years old. <fig.2> Main type of incontinence was stress incontinence during coughing, sneezing or physical exertion, such as sport activities. No significant correlation was found between generic QOL and age. The scores of physiological functioning (PF p=0.001) and bodily pain (BP p=0.0325) in the population with incontinence quantitative grade of higher than moderate was significantly lower than those in the population without incontinence. There are significant differences in the scores of PF (p<0.0001) and role physical (p<0.0001) between the populations with incontinence frequency of more than once a week and without incontinence.



<fig.1>



<fig.2>

Concluding message

The over-all prevalence of urinary incontinence for mostly healthy women aged 21 to 65 years was 19.4%. The quantity of urinary incontinence was correlated with age. Both frequency and quantity of incontinence may affect physical aspect of generic QOL rather than mental one.