

## THE COSTS OF DIFFERENT TYPES OF URINARY INCONTINENCE TO THE NHS AND INDIVIDUALS FOR WOMEN AGE 40 AND OVER LIVING IN THE COMMUNITY

### Hypothesis / aims of study

Previous studies have indicated that urinary symptoms can impose large costs on health services(1). However, previous UK work has focussed either on the costs associated with one symptom, that of leakage, or storage symptoms as a whole. This study aims to estimate the costs associated with different types of incontinence in relation to the NHS and to individuals in community dwelling women over 40.

### Study design, materials and methods

Individuals were identified as storage symptom cases and non-cases by a postal survey. Storage symptom cases were defined according to ICS standards above clinically significant severity thresholds. Cases of incontinence were defined as follows: stress urinary incontinence (SUI) cases were identified as 'involuntary leakage on effort or exertion, or on sneezing or coughing' and urge urinary incontinence (UUI) as 'the involuntary loss of urine associated with a strong desire to void (urgency)'. Pure SUI and UUI were defined as mutually exclusive and mixed incontinence as the presence of both. We also defined an 'other storage symptoms' category as any other symptoms including incontinence symptoms such as 'unconscious incontinence'. Home interviews were conducted with 92 pure stress (SUI), 51 pure urge (UUI), 112-mixed incontinence, and 114 other storage symptom cases; data was collected on individuals resource use. NHS cost information included: use of catheters, NHS pads/aids, investigations, health care professional consultations, inpatient stays, and prescription medicines. Respondent borne costs included: travel costs to NHS consultations, laundry costs, and incontinence related purchases. Willingness to pay (WTP) was used as an indicator of the value of alleviating symptoms. WTP is the amount any individual would be prepared to pay out of their disposable income to alleviate their symptoms and was obtained by direct questions in face-to-face interviews. It represents the value individuals place upon their symptoms rather than any resources dedicated to the alleviation or management of symptoms. Average annual costs per case were calculated for each type of incontinence and for other SS, for each item and for overall cost categories. Prevalence of SUI, UUI and mixed incontinence were estimated from a large epidemiological study(2).

### Results

Costs per case annually to the NHS were: SUI £22; UUI £42; mixed incontinence £58; and other storage symptoms £57. Average annual respondent borne costs were SUI £28; UUI £27; mixed incontinence £67; and other storage symptoms £15. Annual willingness to pay to alleviate symptoms was: SUI £79; UUI £51; mixed incontinence £106; and other storage symptoms £49. All costs are in UK pounds for the year 2000. Population prevalences were: pure SUI 7.9%; pure UUI 4.7%; mixed 10.1%; and other storage symptoms 10.1%.

### Interpretation of results

Mixed incontinence had the highest average annual cost per case overall and for each element (NHS, own borne and WTP). In our sample inpatient stays only occurred in mixed or other storage symptom categories and formed the major component of these costs. Individual costs were dominated by pads, most for mixed and least for other types of storage symptoms. Our sample showed that the magnitude of WTP compared to NHS & own borne costs indicates the high value that individuals place upon alleviation of their symptoms, particularly for stress and mixed incontinence.

### Concluding message

The high value placed by women upon alleviation of symptoms, especially for stress and mixed incontinence, may indicate the areas of greatest unmet need. Further work on a larger scale is needed to confirm these findings.

1. The cost of clinically significant urinary storage disorders for community dwelling adults in the UK. BJU International, 2004;93:1246-1252

2. The association of diet and other lifestyle factors with overactive bladder and stress incontinence: a longitudinal study in women. *BJU International*, 2003,92:69-77

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