

PREVALENCE OF INCONTINENCE IN WOMEN WITH BENIGN JOINT HYPERMOBILITY SYNDROME (BJHS).

Hypothesis / aims of study

The hypermobility syndrome is a fairly frequent finding in the young, especially women complaining of aches and pains. The clinical diagnosis is made on examination, with the finding of extremely mobile joints as a consequence of joint laxity. The hypermobility syndrome may be assessed using the Beighton score. The benign joint hypermobility syndrome (BJHS) has been associated with rectal as well as uterovaginal prolapse, suggesting that connective tissue abnormalities may also be implicated. This study was undertaken in order to determine whether the prevalence of urinary and faecal incontinence in women with Benign Joint Hypermobility Syndrome (BJHS) was more likely than in the general population.

Study design, materials and methods

A postal questionnaire was sent to 30 patients with benign joint hypermobility syndrome with a Beighton score of 4 or more. These patients have been collected from the hospital rheumatology database. For those patients who did not reply by post (nine), telephone surveys were conducted. The questionnaire used for assessment of urinary problems was the International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF)¹ and for faecal incontinence was the Manchester Health Questionnaire².

Results

We asked 30 women with BJHS whether they had problems with urinary or faecal incontinence. The women ranged in age from 20 to 58 years with a mean age of 40 years. All patients had a Beighton Score of greater than four. These women have been reassured and discharged by the rheumatologists. The prevalence of urinary incontinence in the women we surveyed was 60 %. The estimated prevalence³ of incontinence in a similar population without this condition is 30 %. In 55% of the women who had urinary leakage, Quality of Life (QoL) was severely affected. Though in the majority of women (67%) with urinary leakage, the amount of leakage was considered 'small' it was still felt to significantly affect QoL in almost half. In 55 %, leakage was associated with factors in addition to laughing and sneezing. There was no difference in the prevalence of urinary incontinence in the group surveyed by postal questionnaires when compared to women who had telephone surveys.

23 % of women had a problem with leakage of stool. All these women had some degree of urinary incontinence and in 71% with faecal incontinence, urinary leakage was a significant problem. The prevalence of faecal incontinence in the general adult population by contrast is 2.2%⁴.

Interpretation of results

The prevalence of urinary incontinence in the women we surveyed was 60 %. The estimated prevalence³ of incontinence in a similar population without this condition is 30 %. Twenty three percent of women had a problem with leakage of stool. The prevalence of faecal incontinence in the general adult population by contrast is 2.2%⁴.

Concluding message

The prevalence of both urinary and faecal incontinence appears to be significantly higher in women with BJHS when compared to women without this condition.

References:

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