

URINARY INCONTINENCE IN HONG KONG CHINESE WOMEN: A PREVALENCE, QUALITY OF LIFE, AND KNOWLEDGE STUDY

Aims of study

Urinary incontinence among women is a major health problem in Hong Kong Chinese. A survey of women in Hong Kong performed in 1996 reported the prevalence of stress urinary incontinence was 21% [1]. Therefore, this study is to establish the latest prevalence of female urinary incontinence. With this information, we can delineate the size and severity of the health problem in the local Chinese women. Moreover, urinary incontinence is associated with psychosocial morbidities. The assessment of its effect on the quality of life is another aim of this study. Lastly, it aims to assess the knowledge and treatment seeking behavior of women suffering from urinary incontinence.

Study design, materials and methods

The study is a territory-wide telephone survey. Hong Kong is a highly urbanized city and the estimated number of telephone lines per 100 citizens is 68.8 in the year 2004. The telephone numbers were computer-generated with the assistance of the Telephone Survey Research Laboratory, Hong Kong Institute of Asia-Pacific Studies, The Chinese University of Hong Kong. Two trained research assistants conducted the telephone interview between 9am to 9pm. Each telephone number was dialed 6 times at different time slots before it was declared failure-to-contact.

Two psychometric questionnaires were used: the validated Chinese version of the Urogenital Distress Inventory (UDI-6) and Incontinence Impact Questionnaire (IIQ-7). UDI-6 is intended to establish the type of symptoms of urinary incontinence, while IIQ-7 is designed to assess different domains of quality of life impairment. The baseline demographic data, knowledge on urinary incontinence, and treatment-seeking behaviour is also recorded.

Results

We made 7898 calls during a period of three months. Excluding the invalid lines, failure-to-contacts, and inappropriate subjects, there were 703 successful contacts. Of the 703 contacts, 523 agreed to participate in the survey, thus the response rate was 74.4%. All the women were aged between 18 to 70 years old, and 19% of them were nulliparous. 40.7% of the respondents reported stress urinary incontinence. Among these, 16% also reported impairment in quality of life. 16.0% felt shameful and 32.1% had nervous and anxiety problems.

As many as 27.2% of respondents did not know stress urinary incontinence is a disease entity. 76.0% of them realised that old age and vaginal child delivery were the main causes of stress urinary incontinence. However, 61.2% thought that leakage of urine was a normal aging process. Only 7.2% of respondents agreed education on urinary incontinence in Hong Kong was enough. Two major reasons why respondents with urinary symptoms did not consult medical opinions were firstly 41.5% felt that it was a minor problem and secondly 31.3% was too shameful to ask for help.

For those respondents having stress urinary incontinence, the first priority of treatment was physiotherapy. The second choice was medication and surgical treatment was the last option.

Concluding message

The increasing trend from 21% in 1996 to 40.7% in 2005 raised the significance of female stress urinary incontinence in local Chinese women. Nearly one third of respondents did not recognise leakage of urine on exertion means stress urinary incontinence. In addition, two third of them consider stress urinary incontinence is normal in old age. It reflects the general population lack education in this aspect which may result in delayed or no treatment.

16% of respondents having stress urinary incontinence have impairment of quality of life such as anxiety, shameful or even depression. In consequence, they need to change the living

style significantly. Therefore, early diagnosis and treatment for urinary stress incontinence is important.

Reference

The prevalence of urinary dysfunction in Hong Kong Chinese women. *Obstet Gynecol* 1996;88:1041-4.

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