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URINARY SYMPTOMS AND QUALITY OF LIFE IN SOUTH ASIAN WOMEN IN LEICESTER

Hypothesis / aims of study

Most studies about urinary incontinence (UI) in women have almost exclusively sampled white women so there is little information about women from ethnic minorities. This study was performed to assess the level of symptoms and quality of life disturbance among south Asian women.

Study design, materials and methods

South Asian women attending a community centre were asked to complete 3 validated questionnaires (the ICIQ SF, Leicester Impact Scale (LIMS), and the Leicester Symptoms Questionnaire(LSQ)). Questionnaires were available in Gujarati for women who wished to complete them in their own language.

Results

38 women were approached and 34 (89%) completed questionnaires. None had made contact with health care services about continence problems. Median age was 43 (20-59) and median parity 2 (0-6).

24 women (71%) reported involuntary leakage on the LSQ. 22 women (65%) reported stress leak; 19 women (56%) reported urge leak "sometimes" or "most of the time". In 18 women (34%) leakage was only a "few drops".

9 women scored zero on the ICIQ-SF. The median ICIQ-SF score of the remainder was 5 (1-14) (mean 5.9 ± 3.9); this was higher that previously reported from a community sample $(2.4)^2$. (difference 2.5; 95% CI 1.78-3.22). 6 women scored zero on the LIMS. The median LIMS score of the rest was 4 (1-28). Published validation data on the LIMS were 7 (2-13) for patients with stress symptoms, and 14 (8-22) for those with urge or mixed symptoms³.

Interpretation of results

This novel pilot study shows that urinary symptoms are common among south Asian women who have not sought help from mainstream health care services in Leicester. The severity of impact is comparable to symptomatic patients from other studies.

Concluding message

Reasons why these symptomatic women do not attend their GP are not clear, but may include social and cultural barriers. Further research to explore these factors is underway.

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HUMAN SUBJECTS: This study did not need ethical approval because it is a community based study but followed the Declaration of Helsinki Informed consent was obtained from the patients.