

## A DESCRIPTION OF THE TREATMENT OF URINARY INCONTINENCE IN WOMEN OVER 65 YEARS FROM A SIX MONTH PROSPECTIVE OBSERVATIONAL STUDY IN THE UK/ROI

### Hypothesis / aims of study

Urinary incontinence is associated with considerable morbidity and a reduction in quality of life of older people. Conservative measures and pharmacological treatment for the condition is effective and usually well tolerated. Older people however are often not treated for their condition for non-specific reasons. A recent National Audit in England and Wales found the treatment of those over 65 years of age inadequate [1]. Despite this, there are few data on the management of urinary incontinence (UI) in older women ( $\geq 65$  years). This study sought to describe the treatment of older women and compare this to that offered for the group of younger women in the same study.

### Study design, materials and methods

Data from the UK/ROI cohort from a European six month prospective observational study [2] were analysed to determine treatment by subtypes of UI and symptom severity for women  $< 65$  years and  $\geq 65$  years of age. Conservative treatment included pelvic floor exercises, bladder training, cones, electrical stimulation and lifestyle changes. Those using pads were included in the no treatment group. UI diagnosis was classified by S/UIQ. Symptom severity was measured by Sandvik Index. Ethical committee approval was obtained for those centres where it was deemed necessary for an observational study and informed consent was gained for all subjects.

### Results

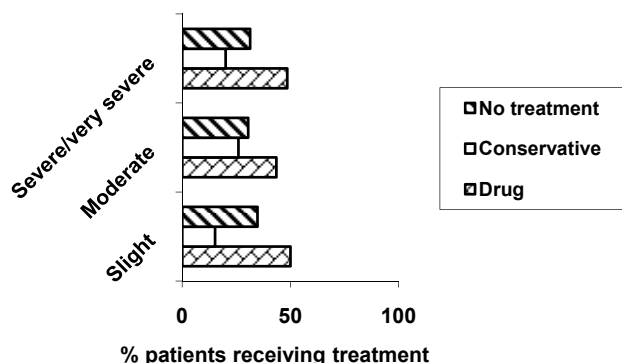
Subjects were recruited by 123 healthcare providers of which 122 were general practitioners and 1 was a geriatrician. 1076 patients were observed in the UK of whom 1070 were eligible for inclusion and 350 were older women. 111/350 (31.7%) women had no treatment. Women over 65 years were significantly less likely than those less than 65 to be on treatment ( $\chi^2=3.87$ ,  $p<0.05$ ). 18/56 (32.1%) older women were prescribed medication. 17/18 (94.4%) received antimuscarinics. None received duloxetine. 36/41 (87.8%) women  $< 65$  had antimuscarinics, 5 had duloxetine.

	subtypes	Drug Treatment		Conservative		No Treatment	
		N	%	N	%	N	%
All	(N=350)	162	46.3	77	22.0	111	31.7
Pure SUI	(N=53)	16	30.2	12	22.6	25	47.2
Mixed SUI/UUI	(N=188)	85	45.2	40	21.3	63	33.5
Pure UUI	(N=59)	37	62.7	14	23.7	8	13.6

	Conservative		Drugs		Surgery		No treatment	
	N	%	N	%	N	%	N	%
$\geq 65$ years	12	22.6%	16	30.2%	0	0%	25	47.2%
$< 65$ years	70	47.6%	28	19.0%	1	0.7%	48	32.7%

Increasing severity of symptoms was not associated with higher rates of treatment.



The majority of treatment was provided in primary care.

No Patients treated (N=56)	N	%
$\geq 65$ Primary Care Doctor	53	94.6
Gynaecologist	5	8.9
Urologist	2	3.6

<b>Geriatrician</b>	0	0
<b>Specialist Nurse</b>	12	21.4
<b>Physiotherapist</b>	1	1.8

#### Interpretation of results

Compared with younger women, older women are less likely to receive active treatment of UI and are less likely than younger women to receive potentially beneficial conservative treatment for SUI. Both groups receive inappropriate drug therapy. Increased severity of incontinence did not make treatment more likely. Information from National Audit and the introduction of NICE guidelines [3] may help standardise management. NICE guidelines and the National Audit for Continence may improve awareness of appropriate treatment and improve standards of treatment.

#### Concluding message

Older women seeking care for UI in primary care are less likely to receive active treatment than younger women.

#### References

1. Maturitas. 2005 Nov 30;52 Suppl 2:13-23.
2. <http://www.continenceaudit2006.rcplondon.ac.uk>
3. <http://www.nice.org.uk/page.aspx?o=CG40>

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**HUMAN SUBJECTS:** This study was approved by the Multiple ethical committees gave approval where this was required for an observational study and followed the Declaration of Helsinki Informed consent was obtained from the patients.