

WOMEN WITH URINARY INCONTINENCE SYMPTOMS DETECTED IN A GENERAL GYNECOLOGICAL PRACTICE. DO THEY ALL WANT TO RECEIVE TREATMENT?

Hypothesis / aims of study

While the prevalence of urinary incontinence (UI) is high, UI is still underreported. Many patients do not report incontinence symptoms due to embarrassment. Another factor associated with decreased help seeking behavior is the lack of physician's interrogation.

The aim of this study is to evaluate the prevalence and severity of UI in women seeking care for a gynaecological problem in a general gynaecological practice and to know the proportion of women with UI, that they want to be studied and treated for her UI problem, when this is not directly reported by them, but detected by interrogation.

Study design, materials and methods

Non-interventional cross-sectional study in women >25 years. Consecutive women seeking care for any gynaecological problem, in general gynaecological clinics of the public health system, were included. This inclusion visit was coincident with a scheduled visit for any reason that patients need a gynaecological visit, except pregnancy and postpartum.

A validated questionnaire was used for the detection of the IU (International Consultation on Incontinence Questionnaire-ICIQ-UI-SF). When the ICIQ-UI-SF score was >0, the women were considered to have UI. The possibility to initiate a process of diagnosis and treatment for UI was offered to all women with an ICIQ-UI-SF score > 0. The decision to follow this process was solely at the discretion of patient. According with that, three groups were defined: **A)** women with UI symptoms (ICIQ-UI SF>0) who do not want to be further studied; and **B)** women with UI symptoms (ICIQ-UI SF>0) who want to initiate a process of diagnosis and treatment for the UI; **C)** women without UI (ICIQ-UI SF =0). When women answered they do not want to be further studied about their UI problem, they answered other question about the reason of doing that: "not, because UI is a minor problem for me at present"; "not, because I believe the UI has not solution"; "I will consult when the UI worry me".

Absolute and relative frequencies were used to describe the studied variables. Associations between categorical variables were studied using chi square test, and between categorical and continuous variables by means of the Student T test (normal distribution) or Mann-Whitney test (not normal distribution). The significance level was fixed at p<0.05. Multiple regression model was built for the variable "want to be further studied about UI problem" (only women with UI symptoms).

Results

A total of 826 women were included in the study, with a mean age (Standard Deviation-SD) of 45.4 (14.41), a mean number of vaginal deliveries of 2.14 (1.28) and 30.7% with menopause.

The distribution of sample according to ICIQ-UI SF score (equal to 0 vs higher than 0) and to the variable "want to be further studied about UI problem" is showed in figure 1.

297 (35.96 %) of 826 women seeking care in general gynecological clinics, had symptoms of UI (ICIQ-SF>0), but only 116 of the 297 (39.06%) with symptoms of urinary incontinence, wanted to be studied and treated. The distribution of the patients with UI (ICI-IU-SF>0), according to the reason for which they decided not to continue with the diagnosis and treatment process was :111 (66.47%) "not, because UI is a minor problem for me at present"; 1 (0.60%) "not, because I believe the UI has not solution"; 55 (32.93%) "I will consult when the UI worry me".

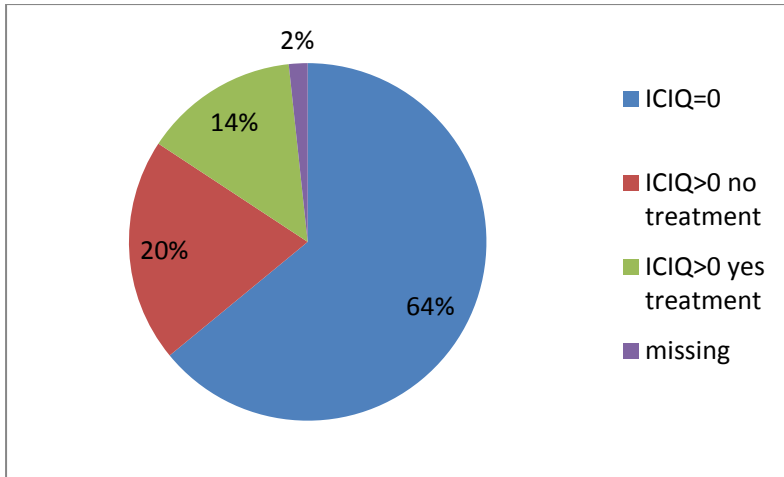


Figure 1. Distribution of the women according if they have or not have symptoms and if they want or not to receive treatment

In the figure 2 it is shown the distribution of women with UI who want or do not want to be further studied about UI problem and the severity of their UI (ICIQ-UI SF score).

Women who wanted to be further studied and treated had similar age than women who did not ($p=0.533$), higher ICIQ-UI SF score ($p<0.001$). Diagnosis of Urge, Stress or mixed UI according to the fourth item of the ICIQ-UI SF, were not associated to “want to be further studied” ($p=0.946$). In the multiple regression model with these three variables, age and ICIQ-UI SF score were associated to “want to be further studied” ($R^2=0.2772$).

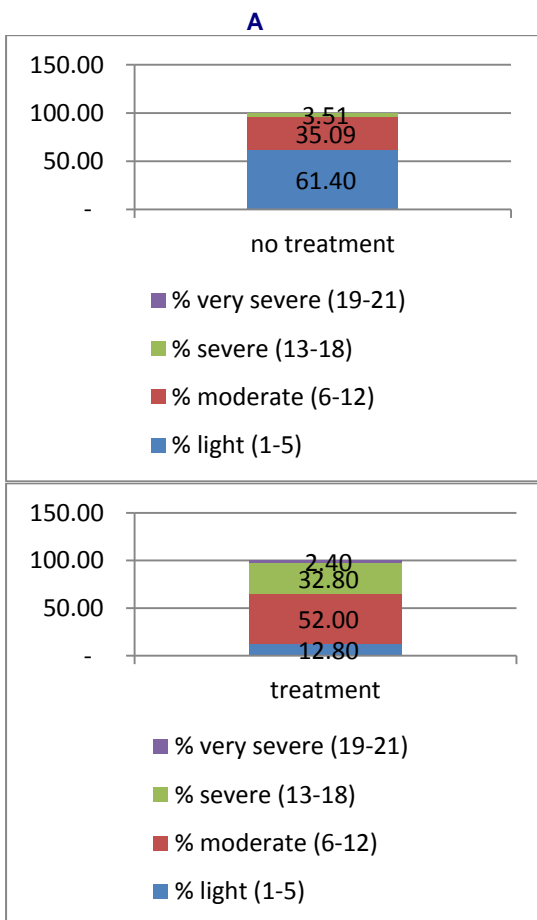


Figure 2. Severity of the urinary incontinence (ICIQ-UI SF scores) in women with urinary symptoms detected. Group A “do not want to be treated” and group B “want to be treated”.

Interpretation of results

Urinary incontinence (UI) has a high prevalence in women attending general gynecological clinics; however the incontinence remains a topic that both, patients and health care providers, are reluctant to discuss. The reluctance of patients to report symptoms emphasizes the importance of physician screening. When UI is detected, many women consider that UI is not a problem. When UI is not directly reported by the women and detected by interrogation, not all women want to be treated

Concluding message

Urinary incontinence (UI) is highly prevalent in women attending general gynecological clinics. Less than 50% of women with UI, according to the score of the ICIQ-UI SF (adequately validated), want to be studied about their UI problem and treated. Symptom severity is associated with desired treatment for UI independently of the age.

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<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
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<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes