

Urinary and fecal incontinence in hospitalized patients: prevalence and associated factors.



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AIMS

To identify and to analyze the prevalence of urinary (IU) and fecal incontinence (FI) and sociodemographic and clinical variables associated with their occurrences in hospitalized patients.

METHODS

Design and setting: Observational, cross-sectional, analytical and descriptive epidemiological study, performed in a University Hospital located in São Paulo, Brazil.

Data collection procedures: The data were collected through interviews, physical examination and medical records, using the following instruments: Sociodemographic and Clinical Data, Characteristics of Urinary Losses, International Consultation on Incontinence Questionnaire – Short Form, The Bowel Function in the Community and the The Jorge-Wexner Incontinence Score. The prevalence of UI and FI has been obtained in a single day in four consecutive months (point-prevalence), in the same day of each month, in order to meet the calculated sample size for the associated factors' analysis. This study adopted the current presence of UI and FI - current presence of involuntary losses of urine and involuntary losses of feces, respectively – for prevalence analysis.

Sample: 345 adult and elderly patients hospitalized at a University Hospital.

Data Analysis: Data were analyzed using Chi-square and Fisher tests for categorical variables, T-student and Mann-Whitney tests for numerical variables, and Logistic Regression for the identification of associated factors. $P < 0.05$ was used for statistical significance, except for regression analysis variables insertion ($p < 0.1$); 95% Confidence Interval was adopted.

RESULTS

The majority of the sample consisted of **women (194/ 56.3%)**; the mean age of the participants was **48.9 years (SD = 21.2)**.

Prevalences obtained: **22.9% for UI** (28% for women and 16.1% for men) and **7.9% for FI** (9.4% for women and 6% for men).

Factors associated with IU obtained: **female gender; age; asthma; being in use of laxatives; the diapers' use at the time of evaluation; diapers' use at home and previous diapers' use during hospitalization.**

It was not possible to apply the Logistic Regression model to test the independent variables associated with the presence of FI due to its low prevalence in the studied sample.

The **variables with statistically significant differences** between the groups with and without FI were: **skin color, schooling, employment status and income, Diabetes Mellitus, Multiple Sclerosis, Irritable Bowel Syndrome / Inflammatory Bowel Disease, Chronic Obstructive Pulmonary Disease, functional dysfunction, dysuria, Repetitive Urinary Tract Infection, diarrhea, anorectal surgery, diaper use and diuretics' use.**

Variables	P value	Exp(B)	IC 95% for EXP(B)	
			Lower	Upper
Female gender	<0,001	3,896	1,899	7,991
Age	<0,001	1,036	1,019	1,054
Asthma	0,014	3,660	1,302	10,290
Use of laxatives	0,035	3,262	1,085	9,811
Use of diapers at the moment	0,031	2,752	1,096	6,908
Use of diapers at home	0,008	10,293	1,839	57,606
Previous use of diapers *	0,152	6,749	0,496	91,834

*in hospitalization

Table 1 - Variables associated to urinary incontinence.

CONCLUSION

The prevalence obtained in the present study, as well as the associated factors, are in agreement with the scarce National and International literature for hospitalized adults and elderlies.