

INCIDENCE AND EPIDEMIOLOGY OF URINARY INCONTINENCE IN ELDERLY WOMEN

Srilakshmi.B^{1,*}, M.Tripura Sundari²

¹Department of Ob& Gyn, KIMS, Hyderabad

*Corresponding Author:

E-mail: drsrilu@gmail.com

ABSTRACT

Urinary Incontinence is the involuntary loss of Urine that is objectively demonstrable and a social or hygienic problem. It has been observed that many are silently suffering the problem and not approaching doctor for treatment. UI is under reported and under treated. Hence a prospective study to know the Prevalence rate, Economic burden of urinary incontinence in patients attending our OPD was done. Overall incidence of Incontinence was 24 % (432pts). Stress incontinence was the commonest type of incontinence. In Young pts (40yrs) the incidence is 12% and they were without prolapse. Many pts 62 % (268) did not seek medical advice due to lack of knowledge, medical facility or monetary reasons. Larger surveys are needed to get a correct picture of the scenario.

Index Terms- Urinary incontinence, Stress incontinence, Urge incontinence, Diabetes, Mixed incontinence

INTRODUCTION

Urinary Incontinence is the involuntary loss of Urine that is objectively demonstrable and a social or hygienic problem.

Overactive Bladder is defined as urinary urgency, with or without urge incontinence, usually with urinary frequency and nocturia.

MATERIAL AND METHODS

1. Type of study- Prospective
2. Place of study- Gynec OPD
3. Period of study- March 2013 to march 2014
4. Subjects -- 1800 Women aged > 40.
5. Method- Questionnaire.
6. Patients with Positive history were analyzed

Epidemiology

By Age	By Type
Young Adult: 20-30%	Stress: 50%
Middle Aged: 30-40%	Next Mixed Stress Urge
Elderly: 50%	Least common is Urge but becomes more common as women ages

Types of Incontinence

1. Acute: DRIP {Drugs, delirium, Restricted mobility, retention, Infection, Impaction (fecal), inflammation (atrophic urethritis, vaginitis), Polyuric states (CHF, DM, Hypercalcemia)}
2. Urge- detrusor Hyperreflexia, Detrusor instability.
3. Stress- weakened sphincter function
4. Overflow- Incomplete Bladder emptying.
5. Mixed- urge stress
6. Functional- physical or cognitive impairment
7. Rare – extra urethral fistula, spinal cord injury

THE STUDY

Indication: Urinary Incontinence is under reported and under treated.

Aim: To know the Prevalence rate, Economic burden of urinary incontinence in patients attending our OPD.

QUESTIONNAIRE

NAME

AGE

OCCUPATION

ECONOMIC STATUS

EDUCATIONAL STATUS

PARITY

MENOPAUSE

H/O PREVIOUS SURGERY

OBESITY

HYPERTENSION

PRESENCE OF PROLAPSE

TYPE OF INCONTINENCE

Whether Rx Taken or Not??

Relieved / Not Relieved

If Not taken Rx----

Economical/ Shy/ Ignorance

RESULTS**Fig 1: Age: Total 432 Patients**

40-50 Yrs.	164	38%
50-60 Yrs.	170	39%
60-70 Yrs.	76	18%
>70 Yrs.	22	5%

**Fig 2: Parity
75% were multiparous**

Nullipara	24	5%
2 to 3	86	20%
3 to 4	124	29%
4 to 5	122	28%
>6	76	18%

**Fig 3: Educational Status
48% had only Primary Education**

Primary	207	48%
Graduates	156	36%
Post Graduates	69	16%

Fig 4: Occupation: Most of them were Housewives

House Wife	298	69%
Manual Labour	98	23%
Executive	36	8%

Fig5: Economic Status

Class 4	98	23%
Class 3	182	42%
Class 2	116	27%
Class 1	36	8%

Fig 6: Obesity

50-60 Kgs	6%
60-70 Kgs	13%
70-80 Kgs	20%
80-90 Kgs	27%
>90Kgs	24%

Fig7: Symptoms (Overall 432-24%)

Urge Incontinence	163	24%
Stress Incontinence	268	38%
VVf	1	0.2%
Cystocele	68	16%
Prolapse	48	11%
Dysurea	136	31%

Fig 8: Associated Morbidities

Diabetes	92	20%
Obesity	364	84%
H/O Previous Surgery	34	8%
Asthma	09	2%
Cough	64	10%
Constipation	48	8%

Fig 9: Treatment Received

Yes	134	31%
No	308	69%
Relieved	34	25%

DISCUSSION

The overall incidence of Incontinence was 24% (432pts of which Stress incontinence was the commonest type of incontinence. In Young pts. (40yrs) the incidence is 12% and they were without prolapse. Many pts. 62% (268) did not seek medical advice due to lack of knowledge, medical facility or monetary reasons. Many were shying to discuss the problem. Increasing age, menopause, increasing parity, and complicated vaginal deliveries were common risk factors in women having incontinence.

CONCLUSION

Urinary incontinence is a chronic, bothersome, and growing problem in women. It has been observed that many are silently suffering the problem and not approaching doctor for treatment. Hence leading questions regarding incontinence should be a routine part of history taking in gynecology. Larger surveys are needed to get a correct picture of the scenario.

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