BRIEF COMMUNICATION

“Occult” urinary incontinence: Does it affect our patients’ quality of life?


Centro de Salud Docente de San Andrés, Murcia, Spain

Abstract

Background: Urinary incontinence is presented as loss of urinary bladder control and its frequency rises as the age of the patient increases. Its prevalence is high and it has important health repercussions. This disease is conducive to urinary infections, pressure ulcers, dermatologic problems, and sleep alterations, among others.

Aims: The main aim of this study was to estimate the frequency of “occult” urinary frequency at an urban health center in our region of Spain, for which we employed a cross-sectional descriptive study design.

Methods: The International Consultation on Incontinence Questionnaire - Short Form (ICIQ-SF) was applied to all the selected patients to determine whether they presented with incontinence, which type, and the effect on quality of life. All patients previously gave their informed consent to participate in the study.

Results: In relation to sex, 9 men presented with urinary incontinence (15.51%), all of whom had stress incontinence. Quality of life was “slightly” affected in 8 of them (89%) and “moderately” affected in one (11%). The mean age of the men was 69.43 ± 7.40 years. Eighty-seven women presented with urinary incontinence (60%); 39 (44.8%) had stress incontinence, 17 (19.54%) urge incontinence, and 18 (20.68%) mixed incontinence. Quality of life was “slightly” affected in 48 of them (55.17%), “moderately” in 28 (32.18%), and “significantly” in 9 (10.34%). The mean age of the women was 66.37 ± 11.07 years.

Conclusions: The frequency of urinary incontinence in our study reached 60% in women, which is higher than that described in other studies.
Introduction

Urinary incontinence (UI) involves the loss of control of the urinary bladder. Symptoms may vary, from mild to abundant and uncontrollable urine leakage. It can present in any individual, but it is more common in older persons. It has a high prevalence and important health repercussions, with elevated social and economic costs. This disease is conducive to urinary infections, pressure ulcers, dermatologic problems, and sleep alterations, among others. A series of risk factors favoring its development has been determined: age, pregnancy, nocturnal enuresis, weight, immobility, chronic degenerative disease, estrogen depletion, diabetes, ictus, delirium, drug use, morbid obesity, pelvic musculature weakness, multiple births, fecal impaction, environmental obstacles, and high impact physical activity. Early diagnosis of UI is important, given that there are effective treatments in many cases. Even though it is a disease with a good outcome, it is under-diagnosed, due to factors involving either the patient or the physician, resulting in a poor approach. Despite its impact, its prevalence is not well established and varies from 3% to 40% in different studies worldwide in relation to age and sex.

In Spain, studies on prevalence have been conducted on concrete population groups (EPICC study, study on postmenopausal women, etc.), but there are no studies that calculate prevalence in the overall Spanish population due to the fact that a large number of cases are undiagnosed, because either the physician did not ask about it or the patient was embarrassed to bring it up at the consultation.

The principal aim of this study was to estimate the frequency of “occult” urinary incontinence in a Spanish urban health center.

Methods

A cross-sectional descriptive study was conducted within the time frame of September 2012 and January 2013. A sample of 145 women and 58 men seeing their family physician for whatever reason was randomly selected. Patients previously diagnosed with urinary incontinence, men under the age of 55 years, and women under the age of 45 years were excluded from the study. The International Consultation on Incontinence Questionnaire - Short Form (ICIQ-SF) was applied to all the selected patients, after they signed statements of informed consent, to establish whether or not they presented with incontinence, which type, and the effect it had on quality of life. The effect on quality of life was stratified into “very little”, “moderate” and “important” according to the final score.

Results

The following results were obtained: in the group of men (n=58), 9 patients (15.51%) presented with incontinence, presenting in all of them the incontinence of effort. The quality of life was affected “very little” in 8 patients (89%) and “moderate” in one (11%). The mean age of the men was 69.43 ± 7.40 years. In the group of women (n=145), 87 presented incontinence of urinary (60%), being the incontinence of effort in 39 (44.8%), of urgency in 17 (19.5%) and mixed in 18 (20.68%) women. The quality of life was affected “very little” in 48 of them (55.17%), “moderate” in 28 (32.18%) and “important” in 9 (10.34%). The mean age of the women was 66.37 ± 11.07 years.

Discussion

Coinciding with the bibliography analyzed, we observed that it was very common for the patient with urinary
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Incontinence not to give the pathology the importance it deserves, and even worse, the family physician did not either, leaving the disease undiagnosed and not treated effectively. There was a urinary incontinence frequency in women of 60% in our study, higher than that described in other studies. This was probably due to having carried out an active search aimed directly at this pathology, rather than having asked the patient about it. Stress incontinence was predominant, coinciding with the recent study published by Orna et al. in which stress incontinence presented in 42.7% of the patients, followed by urge incontinence in 24.8%. In our study it was also striking that 10.34% of the women with undiagnosed urinary incontinence experienced important quality of life alteration, reinforcing even more the fact that our patients are afraid to consult us about this pathology. This demonstrates the need to actively search for this pathology when interviewing our patients, especially women, because we can significantly improve their quality of life and prevent the complications associated with urinary incontinence.

Conflict of interest
The authors declare that there is no conflict of interest.

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References