

Urinary Incontinence in Women: Who Cares?

By Robert L. Harris, M.D.



URINARY INCONTINENCE (UI) is unintentional loss of urine that is sufficient to cause distress in the person experiencing it. It affects 15% to 40% of community-dwelling adult women and 60% to 80% of nursing home residents. One in nine American women, or 11%, will undergo surgical treatment for incontinence or vaginal/bladder prolapse in her lifetime. Data reveal UI is much more prevalent than other common chronic diseases such as diabetes, hypertension and depression. Health care costs in the United States for treating UI have been estimated in excess of \$25 billion per year. Although UI is common in premenopausal women, it is most widespread in postmenopausal women. Studies have demonstrated large increases in aging women affected by UI and it is estimated that by 2030, 20% of the U.S. population will be older than 65 years. Thus, we can expect epidemic proportions of women to present for treatment of UI and other pelvic dysfunction.

Impact of Urinary Incontinence

It is difficult to appreciate the negative impact that UI has on one's quality of life. Overwhelmingly, data support that UI is not simply an embarrassment for the patient, but a potentially devastating process. Medical consequences of incontinence are well recognized and these include an increased risk of hospital admission and increased mortality. Humiliation and psychological distress as well as the physical symptoms associated with UI lead to significantly

higher rates of depression in these women. Older adults rank UI among the four most distressing disorders after angina, difficulty with ambulation and psychiatric disorders. In ambulatory women, curtailing exercise routines, modifying social engagements, using sanitary pads, avoiding sexual activity — all may have negative effects on physical and emotional health. In elderly women, UI is often perceived as evidence of incompetence and may thereby adversely affect self-esteem, and there is a strong association between UI and an increased risk of institutionalization.

Our Responsibility

UI is a sleeping giant of health care. A majority of women will delay seeking treatment for UI for an average of five years. Available data suggest that less than one half of affected women with UI ever seek medical attention. Older adults have been shown to self-initiate behavioral, dietary or environmental modification in an attempt to thwart the negative impact of UI while never discussing this with their doctors. The use of protective pads is the number one treatment option for women. In fact, in the United States, one-third of all menstrual pads are used for UI. It is unfortunate that we, as health care providers for these women, sometimes adopt a similar helpless attitude. Unlike other activities of daily living, such as ambulation and eating, bladder control is often not perceived as a function critical to physiological survival. UI is neither part of the normal aging process, nor is it an incurable process; it is not even

a disease, it's a symptom. As patients demand more information, we as clinicians and health care providers need to change our attitude toward UI and treat it with the same diligence, dedication and enthusiasm we have when addressing other symptoms, such as chest pain or fever.

Hope for the Future

Over the past decade, UI, along with other diseases that border on genital function and sexuality, has received increasing public attention. Newer, more effective and less invasive therapies have emerged, and research into cause, effect and treatment has increased. The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) has many research programs aimed at finding treatments for urinary disorders, including urinary incontinence. The NIDDK is sponsoring the Urinary Incontinence Treatment Network (UITN), a consortium of urologists and urogynecologists who are evaluating and comparing treatment methods for different types of UI in women. Our goal as health care professionals is to help identify women at risk for UI and get treatment, both preventative and therapeutic, to these women. Let's all work together to improve the quality or life for these women. We owe it to them.

Dr. Robert Harris is a urogynecologist with Southeast Urogynecology at Women's Specialty Center in Jackson, MS. For additional information, visit www.seug.com or call (601) 948-6540. ■