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GENDER SPECIFIC BARRIERS TO INCONTINENCE CARE SEEKING

Hypothesis / aims of the study

Quality of health care can be measured according to the barriers that prevent patients with urinary incontinence from seeking care. Barriers are specific, external conditions, which include cultural, social, political and economic influences on health care decisions for individuals. The Barriers to Incontinence Care Seeking Questionnaire (BICS-Q) and the International Consultation on Incontinence Questionnaire - Urinary Incontinence Short Form (ICIQ-UI SF) were previously validated for studying health care in incontinent patients (1, 2). The main goal of this study was to compare gender specific barriers to incontinence care seeking.

Study design, materials and methods

Gender specific barriers were analyzed in a prospective study group of patients with urinary incontinence. Patients of all ages and both genders were included in a questionnaire-based study. They were randomly selected from patient lists for outpatient clinics. Inclusion criteria were used to select patients with urinary incontinence during last month period. The Barriers to Incontinence Care Seeking Questionnaire consists of a 14-item scale with items related to relationship, cost, site-related, fear and inconvenience factors. The International Consultation on Incontinence Questionnaire-Urinary Incontinence Short Form consists of a 3-item scale with items related to the frequency, amount of urinary incontinence and quality of life. All patients completed demographics, ICIQ-UI SF, BICS-Q and were selected according to their gender into two groups. Statistical non-parametric tests were used for statistical analyses, p<0.05 was statistically significant.

A total of 1014 consecutive patients were included to participate in this study. Inclusion criteria completed 567 patients with urinary incontinence (55.9 %). The study group of 567 patients consisted of 147 males (25.9 %) and of 420 females (74.1 %). The mean age (SD, standard deviation) of the study group was 68.7 (SD 15.4) with an age range of 22 – 98 years. The mean total BICS-Q score was 7.5 (SD 7.3, range of 0.0 – 42.0), the mean total ICIQ-UI SF was 13.9 (SD 4.6, range of 3.0 – 21.0). Patients without incontinence care were 93/147 males (63.3 %) and 282/420 females (67.1 %). Mean BICS-Q score was 7.4 (SD 6.9) in females and of 7.7 (SD 8.4) in males, mean ICIQ-UI SF score was 13.6 (SD 4.6) in females and 14.6 (SD 4.7) in males. Differences between both groups were statistically significant in the ICIQ-UI SF score. Odds ratio (OR) revealed factors that might influence patients seeking incontinence care but without statistically significant changes of gender influence (OR 0.85; 95 % CI: 0.57-1.25). Gender specific barriers were obesity (females OR 2.13, 95 % CI: 1.35-3.34; males OR 0.83, 95 % CI: 0.36-1.93; p<0.01), stress urinary incontinence (females OR 1.57, 95 % CI: 1.04-2.36; males OR 9.38, 95 % CI: 1.07-12.62; p<0.01), urgency urinary incontinence (females OR 2.40, 95 % CI: 1.49-3.87; males OR 1.75, 95 % CI: 0.84-2.65; p<0.01) and BICS-Q score (females OR 1.09, 95 % CI: 0.45-2.65; males OR 3.06, 95 % CI: 0.95-9.89; p<0.01).

Interpretation of results

The Barriers to Incontinence Care Seeking Questionnaire (BICS-Q) revealed statistical significant differences among patients with different types of urinary incontinence. Such differences are gender specific because females with obesity and urgency urinary incontinence or males with stress urinary incontinence suffered more from incontinence care seeking.

Concluding message

Because longer life expectations can increase growth of an aging population, these results can improve the health care of the incontinent population in the future. Gender and age specific barriers must be taken into account during health care decisions in individuals with urinary incontinence.

References

- 1. Neurourol Urodyn. 2004;23(4):322-30
- 2. Neurourol Urodyn. 2008;27(3):174-8

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