

## ARE WOMEN USING LONG-TERM CONTAINMENT PRODUCTS FOR URINARY INCONTINENCE WILLING TO EXPLORE FURTHER TREATMENT?

### Hypothesis / aims of study

Only 27% of the women using pads for urinary incontinence (UI) have expressed their interest in seeking further help (1). The aim of this study is to investigate patients' awareness of and willingness to explore further treatment options in relation to age, type of UI and degree of satisfaction with pads.

### Study design, materials and methods

600 questionnaires (ICIQ-UI-SF, Urgency Perception Scale and Satisfaction with treatment) were randomly sent to women aged 18-90 whose addresses were on the 'pad user register' in a catchment area of a university hospital with a total population of 350,000 (urban and rural). Patients were divided into 3 groups according to age (<65, 65-74 and 75 years or over). Women were categorised into 4 groups according to type of UI (SUI, UUI, MUI and Other UI). Women were asked to rate their level of satisfaction with pads, awareness of and willingness to explore further treatment options on an 11-point Likert scale (where 0 meant 'strongly disagree' and 10 meant 'strongly agree'). Women were considered 'happy' with pads if they scored 6 or more on the scale and 'not happy' if they scored 5 or less. Results were analysed by age, type and severity of UI.

### Results

The number of returned questionnaires with complete data was 219 (38.3%). Mean age is 67 years (range: 18-87). The mean duration of pad usage is 5.9 years (SD=6.27) and the median daily pad usage is 4 (range: 1-10). Overall, 73% of respondents were 'happy' with pads. Only age was found to significantly alter the degree of satisfaction where the 'happy' group having a mean age 6.1 years older than the 'not happy' group ( $p < 0.01$ , 95%CI: 2.23 – 9.86).

There was no significance difference between daily pad usage and age or use of anti-muscarinics. However, patients using more pads were significantly more likely to report higher interference with everyday life and higher level of urgency. The relationship between daily pad usage and willingness to explore further treatments did not reach statistical significance ( $p = 0.07$ ). Women with Mixed UI used more pads per day as compared to other UI groups but that did not reach statistical significance ( $p = 0.07$ ).

The only significant difference between those who are more aware and those less aware of further treatment options was in the severity of symptoms where the 'aware' group scored 0.38 points higher than the 'less aware' group (95%CI: 0.13 – 0.63,  $p < 0.01$ ).

Women in the Mixed and Other UI groups had significantly higher scores of interference with QoL ( $p < 0.05$ ) and were significantly more aware of the available treatment options compared to the Stress or the Urgency groups ( $p < 0.05$ ). However, all groups had similar rates of willingness to explore further treatments.

Almost a third of respondents were willing to explore further treatment options such as physiotherapy, bladder training, medications and surgery. There was a significant positive correlation between frequency of leakage and willingness to explore medications or surgery ( $p < 0.01$ ) but not physiotherapy or bladder training ( $p = 0.86$ ).

There were 4 factors closely associated with willingness to explore medication/surgery: frequency of leakage, level of urgency, interference with everyday life and level of satisfaction with pads. Pearson's  $r$  correlations showed that interference with everyday life (0.51 95%CI: 0.30 – 0.71,  $p < 0.001$ ) and satisfaction with pads (0.39 95%CI: 0.59 – 0.19,  $p < 0.001$ ) to be the strongest antecedents of the willingness to explore further treatment. A stepwise linear regression model was also significant ( $p < 0.001$ ).

### Interpretation of results

While it is widely believed that more can be done to alleviate the suffering of women using long-term containment products, only a third of our respondents indicated they were willing to explore further treatment for their UI. It is important to healthcare professionals to identify the antecedents of such willingness for the purposes of targeted treatment and resource allocations. We believe this study is unique and the first to explore these factors in some details. It provides healthcare professionals with the factors to look for in the characteristics of women who will be more likely to explore further treatment and reduce their consumption of pads.

In our study, the strongest predictors of willingness to explore further treatment options e.g. medications or surgery were the degree of interference with everyday life and the level of satisfaction with pads. An increase of 1 point in the interference scale, on average, gave an increase of 0.51 points in the willingness score and an increase in one point in the satisfaction scale gave a decrease of 0.39 points in the willingness score.

### Concluding message

One third of women using pads for UI in the community are willing to explore further treatments. The degree of interference with everyday life and the level of satisfaction with pads are the most important predictors for such willingness.

### References

1. Int Urogynecol J. 2006;17(3):234-8

### Disclosures

**Funding:** None. **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Local Ethics Committee stated ethical approval not required as a project is considered evaluation of an established containment product service. **Helsinki:** Yes **Informed Consent:** No