

## PREVALENCE AND REMISSION RATE OF URINARY INCONTINENCE IN UNTREATED WOMEN. A COHORT STUDY IN WOMEN SEEKING CARE FOR GYNAECOLOGICAL PROBLEMS.

### Hypothesis / aims of study

Many women do not consult doctors despite having urinary incontinence (UI) (1). It's a general recommendation that health care providers should screen for UI when they see patients for any other reason symptoms. Therefore, they can give to incontinent women a chance to talk about their condition and receive appropriate management. In women who do not spontaneously consult doctors for UI, when this symptom is detected, we do not know which is the UI remission rate in women who do not want to receive treatment.

The main objective of the present study was to know the prevalence of UI in a cohort of women seeking care in gynecological clinics, and to estimate the spontaneous remission rate of UI symptoms after one year.

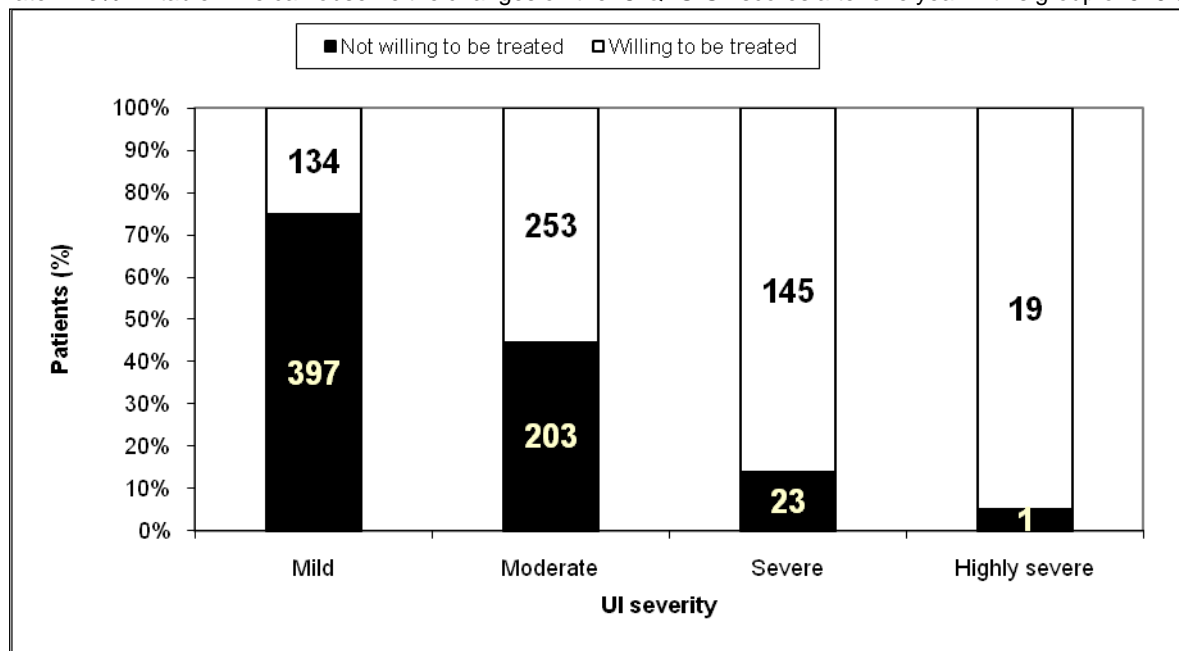
### Study design, materials and methods

A multicenter prospective cohort study of women being attended in 8 different gynecological clinics was designed. Consecutive women seeking care for a gynecological problem were invited to participate by answering the *International Consultation on Incontinence questionnaire-Short Form* (ICIQ-UI-SF) questionnaire. Patients who were seeking care for UI, during pregnancy or postpartum were excluded. Women with ICIQ-UI-SF>0 were considered symptomatic for UI and the possibility to initiate a process of diagnosis and treatment for UI was offered to all of them. The decision to follow this process was solely at the discretion of patient. Patients with UI symptoms (ICIQ-UI-SF>0) who wanted to be studied and treated, were managed according with the routine clinical practices of each center. All women included in the study were asked to respond the ICIQ-UI-SF questionnaire again by phone one year after. This allowed calculating the incidence of UI and the spontaneous remission rate.

### Results

A total of 2840 women were selected and filled the ICIQ-UI-SF questionnaire. Mean age (SD) was 46.13 (13.63) years, with a mean number of vaginal deliveries of 2.11 (1.28) and 32.5% with menopause. Among them, 1188 (41.8%) resulted in ICIQ-UI-SF>0, consequently having UI symptoms. Most women with UI (84.9%) bore mild or moderate leakage. Only 551 out of the 1188 patients (46.38 %) with UI had the willingness to be treated, being such willingness related with the severity of the UI (Fig. 1). After one year, 2443 (86.0%) patients were tracked and they responded to the ICIQ-UI-SF questionnaire again. The incidence of UI in one year was 5.3% (77 new cases of UI out of 1458 with the initial ICIQ-UI-SF=0).

A total of 516 out of 624 women with UI (ICIQ-UI-SF>0), who did not want to undergo further studies for diagnosis and treatment of the UI, answered the questionnaire again. One year after, 144 of them had an ICIQ-UI-SF=0, being the spontaneous remission rate 27.9%. In table 1 we can observe the changes on the ICIQ-UI-SF scores after one year in this group of 516 untreated women.



**Figure 1.** Percentage of women with UI who have the willing to be treated, and those who do not, depending on the severity of the symptoms.

**Table 1.** Changes in the ICIQ-IU-SF score after one year in women with UI who did not receive treatment.

	<b>Untreated women</b> (with UI with follow up of one year) (N=516)	
<b>ICIQ-IU-SF after one year</b>	N	%
<b>ICIQ-IU-SF= 0 (no UI)</b>	<b>144</b>	<b>27.9</b>
Decreased score (improved)	73	14.2
Increased score (worsened)	143	27.7
Same score (no change)	156	30.2

#### Interpretation of results

In primary care gynaecological units, when UI is detected by a systematic use of a validated questionnaire, most women with UI have mild or moderate symptoms and they do not want to be studied and treated. After one year, in this group of untreated women, the remission rate is one in every four patients.

Health care providers should bear in mind that severity of UI has a key role when women have to decide whether to be treated or not. Information and observation during a period of time could be enough for patients with mild UI symptoms who attend gynaecological clinics, before offering treatment. This would permit to avoid overtreatment of this health problem, and to achieve the best efficiency of the health care.

#### Concluding message

Almost one half of women who attended primary care gynaecological units have UI symptoms. Less than a half of them have the willingness to be treated for this problem. In this group of women, UI is a dynamic process with an incidence of 5.3% per year, and a remission rate of one in every four among untreated patients.

#### References

1. Monz B, Chartier-Kastler E, Hampel C, Samsioe G, Hunskaar S, Espuna-Pons M, Wagg A, Quail D, Castro R, Chinn C. Patient characteristics associated with quality of life in European women seeking treatment for urinary incontinence: results from PURE. Eur Urol. 2007 ;51(4):1073-81

#### Disclosures

**Funding:** This study has been conducted thanks to the public funding of the grant 522/18/2009 of "Agència d'informació avaluació i qualitat en salut". **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Clinical Research Ethics Committee (CEIC Hospital Clinic de Barcelona) **Helsinki:** Yes **Informed Consent:** Yes