

# Urinary-incontinence in women: what do GP's know?

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Urinary incontinence (UI) in women is a common problem. For most women, the general practitioner (GP) will be the first doctor to visit. In some cases referral to specialized urinary incontinence outpatient departments may be necessary. For optimal treatment as well as adequate referral by the GP when necessary, good knowledge on types of incontinence is of the utmost importance. The objective of this study is to gain more insight in the referral behavior of GP's of women with UI in a well developed country (The Netherlands).

We conducted an observational cohort study of women referred to our specialized outpatient department with complains of UI, between April 2015 and July 2017. Information from the GP's referral letter and information from the hospital medical records were used. Data were collected concerning the type of UI (stress urinary incontinence (SUI), urgency urinary incontinence (UUI) or Mixed Urinary Incontinence (MUI) as stated by the GP as well as diagnosed by the medical specialist in our hospital. For statistical analysis SPSS was used.



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A total of 425 women were included in this study, with a mean age of 56 years (SD 15.5 years). These women were consulted by a gynecologist or urologist, 44% and 56% respectively. Information on type of UI lacked in the GP's referral letter for 105 (24.7%) of the women. For the other women diagnoses by GP's are shown in table 1, together with the diagnosis as stated by the medical specialist.

Looking at the data differently shows that if the hospital specialist diagnosed SUI, a GP concluded SUI as well in 63% (95%CI 55.0-0.4%) of the women. For UUI this was 41.0% (95%CI 31.5-51.0%) and for MUI 41.1% (95%CI 33.4-49.2%). Diagnoses by GP's and hospital specialists depicted in this way are shown in table 2.

Type of urinary incontinence	General practitioner referral	Hospital consult
<b>Stress incontinence (SUI)</b>	149 (46.6%)	162 (38.1%)
<b>Urge-incontinence (UUI)</b>	60 (18.8%)	105 (34.7%)
<b>Mixed incontinence (MUI) (total)</b>	111 (34.7 %)	158 (37.2 %)
- Mainly stress	19 (17.1 %)	53 (33.5 %)
- Mainly urge	16 (14.4 %)	74 (46.8 %)
- Unknown	76 (68.5 %)	31 (19.6 %)
<b>Total</b>	<b>320</b>	<b>425</b>

Table 1

		General practitioner referral				
		SUI	UUI	MUI	Unknown	Total
Hospital consult	SUI	102 (63.0%)	4 (2.5%)	27 (16.7%)	29 (17.9%)	162 (100%)
	UUI	8 (7.6%)	43 (41.0%)	19 (18.1%)	35 (33.3%)	105 (100%)
	MUI	39 (24.7%)	13 (8.2%)	65 (41.1%)	41 (25.9%)	158 (100%)
	Total	149	60	111	105	425

Table 2

This study shows the difficulty amongst GP's in diagnosing specific types of UI in women. In almost 25% of cases a GP refers to a hospital specialist without information about their own thoughts of which type of UI a women is dealing with. In case they do specify the type of incontinence, it proved only to be right in about half to two thirds of patients. It can be assumed that if general practitioners have difficulties diagnosing the right type of urinary incontinence, adequate therapy in the first line will not be optimal, leading to non referred disappointed women on one hand and unnecessary treatment in hospitals on the other hand. Furthermore, as we consider healthcare in The Netherlands as being high level, situation in other countries may even be worse.

To optimize treatment in the first line as well as to improve triaging for the UI outpatient department in case of referral, increasing knowledge of GP's on this very common problem needs further attention.

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