

## HELP-SEEKING BEHAVIOUR FOR URINARY INCONTINENCE AMONG COMMUNITY-DWELLING WOMEN: A SYSTEMATIC REVIEW

### Hypothesis / aims of study

Despite a high prevalence of urinary incontinence, its impact on a person's quality of life and the fact that it is often treatable, there is increasing evidence that many people do not seek medical help for their condition [1,2]. The objectives of this systematic review were to summarise help-seeking rates among women for urinary incontinence, factors associated with help-seeking behaviour and reasons for not seeking help.

### Study design, materials and methods

*Search strategy:* PubMed and Embase (Jan 2000 to December 2008) were searched using a combination of search terms relating to urinary incontinence, helpseeking or consultation behaviour. *Selection criteria, data collection and analysis:* Abstracts of primary research studies published in English of female only community-dwelling study populations that reported the percentage of women with UI seeking help in the abstract were included in the review. Help-seeking rates were extracted in tabular format. Data relating to factors associated with help-seeking behaviour and reasons for not seeking help from these studies were also extracted and summarized.

### Results

Table 1 summarises a number of studies that reported the percentage of women seeking help in the abstract. in female only community dwelling populations in different countries. Help-seeking rates ranged from 11% to 50%.

Table 1 Help-seeking rates for urinary incontinence in community dwelling adult females

First author, year	Country	Sample size	UI prevalence	% seeking help
Cetinel, 2007	Turkey	5565	36%	12%
Chen, 2003	Taiwan	1581	54%	27%
Choo, 2007	Korea	1500	41%	22%
Ege, 2008	Turkey	1749	42% (SUI) 10% (UUI) 48% (MUI)	15%
Eva, 2003	Sweden	1000	47%	11%
Fitzgerald, 2002	US	500	29%	36%
Hagglund, 2003	Sweden	95*	N/A	36%
Hannestad, 2002	Norway	27936	25%	26%
Hsia, 2001	Hong Kong	363	41%	12%
Hsieh, 2008	Taiwan	2410	30%	30%
Huang, 2006	US	345	18%	34%
Kinchen, 2003	US	1970*	N/A	38%
Kocak, 2005	Turkey	1012	24%	15%
Kumari, 2008	India	1001	12%	20%
Lee, 2008	Korea	13484	24%	13%
Lepire, 2007		382*	N/A	11%
Lionis, 2000	Greece	251	28%	16%
Luna, 2000	Japan	1222	31%	25%
MacDiarmid, 2005	US	1046	N/A	45%
MacKay, 2001	UK	720	46%	32%
Melville, 2006	US	6000	42%	50%
Ngan, 2006	Hong Kong	269	49%	11%
Novielli, 2003	US	194	65%	45%
O'Donnell, 2005 Hunnskaar, 2004	Spain, France Germany, UK	29500	35%	Spain - 24% UK - 35% France - 33% Germany - 40%
O'Donnell, 2007	France, Germany, Spain, UK	2953*	N/A	48%
Reymert, 1994	Norway	78	58%	23%
Rizk, 1999	United Arab Emirates	400	20%	31%
Ruff, 2002	US	85*	N/A	13%
Samuelsson, 1997	Sweden	641	28%	9%
Sandvik, 1993	Norway	187*	N/A	57%
Seim, 1995	Norway	2366		20%
Shaw, 2005	UK	15359	8% (SUI)	15%
Siracusano, 2003	Italy	10000	20%	20%
Van der Vaart, 2002	Netherlands	1393	39% (SUI) 15% (UUI)	11%
Vandoninck, 2004	Netherlands	1460	40%	38%

Vinker, 2001	Israel?	418	36%	32%
Yip, 2003	Hong Kong	1500	10% (SUI)	33%
Yu, 2003	Taiwan	1608	13%	27%
Zarina, 2005	Malaysia	329	40%	29%
Zhu, 2008	China	5300	39%	13%

\* study population consisted of women already identified as having urinary incontinence

Age, severity, duration, type and impact of urinary incontinence were significantly associated with help seeking behaviour. General health care behaviour and attitudinal factors were also found to be important. The most common reasons for not seeking help included: perceiving UI as a minor problem, being normal or embarrassment.

#### Interpretation of results

Differences in relation to definitions of urinary incontinence used, age groups studied, data collection methods used and the help seeking question will partly explain the wide range of help-seeking rates reported in the literature. However cross country studies using the same methodology would suggest that differences in reported help-seeking rates also exist between countries. In addition to factors traditionally associated with help seeking behaviour (age, severity, impact of UI), health care behaviour and attitudes play a role in determining help-seeking behaviour for UI.

#### Concluding message

Differences in help-seeking rates, factors associated with help-seeking and reasons for not seeking help exist between countries suggesting cultural, social and health care system factors may also impact on help-seeking behaviour.

#### References

1. Int J Gynaecol Obstet, 2003, 82: 327-38
2. Incontinence, 2005, 3d edition, volume 1, p255-312

<b><i>Specify source of funding or grant</i></b>	<b>University of Bergen, Bergen, Norway, and Research Unit for General Practice in Bergen</b>
<b><i>Is this a clinical trial?</i></b>	<b>No</b>
<b><i>What were the subjects in the study?</i></b>	<b>HUMAN</b>
<b><i>Was this study approved by an ethics committee?</i></b>	<b>No</b>
<b><i>This study did not require ethics committee approval because</i></b>	<b>Litterature review</b>
<b><i>Was the Declaration of Helsinki followed?</i></b>	<b>Yes</b>
<b><i>Was informed consent obtained from the patients?</i></b>	<b>No</b>