



Editorial

Factors Associated with Postmenopausal Women's Decisions to Seek Treatment for Urinary Incontinence

Minoo Pakgohar*

Department of Reproductive Health and Geriatric Nursing, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran

Citation: Pakgohar M. Factors associated with postmenopausal women's decisions to seek treatment for urinary incontinence. *Elderly Health Journal*. 2015; 1(2): 42-45.

Urinary incontinence (UI) is highly prevalent cross-culturally and also a costly chronic condition (1), with high prevalence among postmenopausal women (2). International Continence Society defined UI as any complaint about involuntary urine leakage (3). UI significantly affects patients (4); avoiding its treatment might have physical, psychosocial, and economic consequences (5), and finally decreased quality of life (6). The negative effects of UI on the quality of life can be seen more among postmenopausal women (7, 8). Despite the availability of numerous treatments which their effectiveness are well investigated worldwide, nearly half of community dwelling women living with UI do not seek professional treatment (9, 10). This essay aimed to review the present knowledge on how women with UI experience seek professional help which is important to enhance its understanding by health care providers and enable women to ask for help as well.

One study by Harris et al. showed that almost half of the women (45%) with incontinence do not even sought for care while the percentage for men is about one fourth (22%). among 331 women and 128 men residing in Boston, Massachusetts, more than half of the respondents (60%) who sought care received treatment and 50% of treated women and 40% of treated men announced moderate to great exasperation with continued urine leakage (11). A study of Yu et al. among 1608 adult Taiwanese women also found that 45 percent of incontinent women did not sought medical help in which there was an association between seeking help and feeling its impact on quality of life. Thus, UI as a common problem showed a substantial impact on quality of life in which quality of life largely affected by the severity and type of incontinence. It shows a need for more consideration about encouraging patient to seek treatments (12).

Despite of a high rate of UI such as reported results of Lionis et al. among 251 Greece women in which 69% experienced the problem, the rate of visiting a doctor for consultation of UI was low as 20%. The

reasons for consulting a doctor was reported as influence of UI on household activities, social and sexual life while the common reason of not seeking treatment was considering the symptoms as not serious followed by embarrassment, and fear of the physicians' diagnosis. The results showed a necessity for more awareness programs for both healthcare professionals and women (13). By considering the prevalence of not seeking treatment among UI patients particularly women, it would be worthy to know the characteristics of such individuals. The features of women looking for treatment for UI symptoms were investigated by Sykes et al. in a 6-month, observational, pan-European study. The data gathered from first observation of one thousand and fifty-five physicians from 14 European countries followed by observation after prospectively at 3 and 6 months among 9487 women. The results showed that majority of respondents who sought treatment for UI were post-menopausal, with mean age of 60.7 years, were not current smokers, tended to be overweight, and around half suffered for less than 2 years before consulting a physician. Further, urge UI occurred in less than one-fifth of the study respondents which were increased by increasing age from 35 years onwards, stress UI appeared to be more common in women aged ≤ 55 years, and mixed UI was more common than urge and stress UI. Knowing the patients' characteristics would be useful for clinicians for taking a more active approach to diagnose the possible patients that ultimately benefit the incontinent individual (14).

The rational why some women with long-term UI look for professional treatments investigated in a study by Hägglund et al. among 95 female aged 23–51 years through a telephone interview survey. The most common reason of 74% of respondents who report not sought help was considering UI as a minor disorder which could cope on own through pelvic floor exercises. Furthermore, other reasons of not seeking help were as follow: “do not know what types of help are available, urine leakage is normal after giving birth, do not know where to seek help, urine leakage

* **Corresponding Author:** Department of Reproductive Health and Geriatric Nursing, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran. **Tel:** +989121402531, **Email address:** mpakgohar@razi.tums.ac.ir

is part of normal aging, do not wish treatment, think it is embarrassing to discuss leakage problem, do not have time to seek help, urine leakage is linked to other diseases, did not believe that treatment will be of value, afraid of treatment, the treatment is too expensive, I don't know why I haven't sought help, I am a little lazy and do not train pelvic exercises very much, I will not trouble the health care services". The common reasons of women who consult professional help was afraid of urine's odor and shameful consequence in which offered healthcare services was assessed as appropriate. Furthermore, other reasons of seeking help were as follow: "the urine leakage has worsened, decreased physical activity, feel depressed because of urine leakage, have obtained information where to get help, have obtained information about what types of help are available, reduced amount of sleep, decreased general activity, too high costs for hygiene articles, decreased relationships with friends, social groups and etc., decreased sexual intercourse, tired of experiencing urine loss, asked about urine leakage when consulting a doctor, other health care professionals asked about urine leakage". It is considerable that the incontinence's mean time span (11.4 years) was not different between women who had not sought treatment and those who had, although severity of UI (volume of urine loss) and frequency affected their decision to seek help significantly (15). Hannestad et al. also in agreement with abovementioned study found increasing age, impact, severity and duration significantly affect UI consultation rate in which age and impact were stronger. In the cross-sectional study during the period of 1995-1997 among 6625 Norwegian women aged 20 years or older with UI. They also reported that one half of the women with significant incontinence and one fourth of the women with any UI had visited a doctor. Furthermore, women with education in university level were different from women with lower education, in which reporting lower consultation rate. The results also showed an association between ever visiting a doctor for UI and consulting a doctor during the last year. The wide range of age was one of the possible limitations of this study in generalization, also founding a significant result in such a huge number of sample for all investigated factors would be a predictable results while the study did not consider the importance of live experience among different age group with different expectations (16).

Factors influencing help-seeking behavior studied by O'Donnell et al. in France, Germany, Spain and UK. The study sample was 29,500 women which 2953 of them constitute a subsample characterize as having UI. The identified factors influencing help-seeking behavior after adjusting for women's age, were related to general health care, women's attitudes, UI duration and frequency, and 'bothersomeness' of UI. After adjusting the aforementioned factors, willingness to take long-term medication and having spoken to others about UI were found to be strong predictors of help-seeking. The consultation rate increased as women age, women who were not

embarrassed to discuss UI, and having mixed UI rather than having only urge or stress UI, was statistically different in the four countries. Women who used pads were more probably to visit a doctor than who did not use pads. The study is unique in cross-country point of view and opportunity for comparison between countries due to using the same survey instrument although it was limited in quantifying the factors and could not focus on lived experience of patients which may differ from country to country. One could argue that different lifestyle, culture, and belief in different countries cultivate different perception and reaction to a phenomenon which raise the importance of investigating the live experience of people about phenomena in different setting (17).

A study among 1970 U.S. women aged 19 to 93 years with UI symptoms conducted by Kinchen et al. similarly showed that only 38% of respondents consults a physician about UI. The factors significantly associated with treatment seeking were symptom duration more than 3 years in addition to the impact of incontinence on quality of life, having a history of a noticeable accident, and attitudes toward healthcare use. Also not being embarrassed to talk about UI and keeping regular appointments for routine/preventive care were other factors. Gender and age of physician were found less likely to be important for seekers of treatment compared with non-seekers. The findings also showed surgery to the no seekers treatments have no or limited acceptability in comparison with the individuals who seek treatments. The non-treatments were found to be more agreed than treatment seekers with the common statement of "UI is just a natural part of growing older". The reason affecting people decision for seeking treatments from the most important to less are as follows: "Concern that condition would get worse, Concern that leakage or urine loss was a symptom of a more serious condition, Concern that condition was not normal, Worry that others could smell the odor caused by leakage or involuntary loss of urine, Increasing concern about possibility of an embarrassing accident, Interference with daily activities, Interference with physical activities, Had to start wearing panty liners/pads, The frequency of leakage or urine loss increased, An embarrassing accident occurred, The amount of leakage or urine loss increased, Heard of a new prescription medication to help with leakage or involuntary loss of urine, Heard of a new surgical procedure for leakage or involuntary loss of urine, My doctor asked me about it, Had to start wearing an adult diaper, My spouse wanted me to discuss it with a doctor, Interference with sexual activities, An upcoming special event (e.g., wedding)" (18).

In conclusion although studies identified etiology and symptom severity as important predictors of patients' behavior to seek treatment, however these two could not explain the variation of behavior completely. Thus, Shaw in a model proposed that evaluations of disease and coping resources are important moderating factors between the experience

of UI and coming behavior (19). The individual appraisal should investigate through cognitive factors, such as knowledge and causal attributions of the causes and treatments of UI, and emotional factors. Assessment of coping resources and formulation of coping plans moderated by personality factors, locus of control, expectations, social support, preferred coping styles, and self-efficacy. Also he claimed that perceived intense of the threat and behavioral intentions influenced by social norms and external factors, such as the availability of services or the media. Real behavior influenced by previous behavior, and costs and barriers to behavior. The author suggested the exploration of these factors as a whole that could give more insights into the impacts of UI and progress of interventions to help people to deal with this distressing condition (19). One could concluded that such a broad area of factors could not cope within a quantitative and further qualitative study needs to explore the factors based on the different context and culture to make them ready for later quantification.

Furthermore, to address the care seeking behavior, information should be disseminated in early stages to the health care professional and public (13). Taking the initiative by health care professionals to ask their patients about urinary symptoms with a more attention to ensure the appropriateness and effectiveness of given treatments, and educating people to seek care for urine leakage would also be useful (11). Therefore, in addition to educating public and the physicians about the factors related to treatment seeking, paying attention to the accessible treatment options may help women to seek and receive more timely care for symptoms of incontinence (18).

References

1. Botlero R, Davis SR, Urquhart DM, Shortreed S, Bell RJ. Age-specific prevalence of, and factors associated with, different types of urinary incontinence in community-dwelling Australian women assessed with a validated questionnaire. *Maturitas*. 2009; 62(2): 134-9.
2. Hsieh CH, Su TH, Change ST, Lin SH, Lee MC, Lee MY. Prevalence of and attitude toward urinary incontinence in postmenopausal women. *International Journal of Gynecology and Obstetrics*. 2008; 100(2): 171-4.
3. Abrams P, Cardozo L, Fall M, Griffiths D, Rosier P, Ulmsten U. The standardization of terminology of lower urinary tract function: Report from the standardization sub-committee of the International Continence Society. *Neurourology and Urodynamics*. 2002; 21(2): 167-78.
4. Ragins AI, Shan J, Thom DH, Subak LL, Brown JS, Van Den Eeden SK. Effects of urinary incontinence, comorbidity and race on quality of life outcomes in women. *Journal of Urology*. 2008; 179(2): 651-5.
5. Kang Y, Crogan NL. Social and cultural construction of urinary incontinence among Korean American Elderly Women. *Geriatric Nursing* 2008; 29(2): 105-11.
6. Stenzelius K. Urinary and fecal incontinence among older women and men in relation to other health complaints, quality of life and dependency: Department of Health Sciences, Faculty of Medicine, Lund University, Sweden. 2005. Available from: http://www.skane.se/Public/SUS_extern/Verksamheter/Geriatri ska%20kliniken/Dokument/Kunskapsbank/Kontinens/stenzeliusdphd.pdf. Accessed at 12 Dec 2012.
7. Lasserre A, Pelat C, Guéroult V, Hanslik T, Chartier-Kastler E, Blanchon T, et al. Urinary incontinence in French women: prevalence, risk factors, and impact on quality of life. *European Urology*. 2009; 56(1): 177-83.
8. Khazali S, Hillard T. The postmenopausal bladder. *Obstetrics, Gynecology and Reproductive Medicine*. 2009; 19(6): 147-51.
9. Bradway C. Women's narratives of long-term urinary incontinence. *Urologic Nursing*. 2005; 25(5): 337-44.
10. Bradway C, Strumpf N. Seeking care: women's narratives concerning long-term urinary incontinence. *Urologic Nursing*. 2008; 28(2): 123-9.
11. Harris SS, Link CL, Tennstedt SL, Kusek JW, McKinlay JB. Care seeking and treatment for urinary incontinence in a diverse population. *The Journal of Urology*. 2007; 177(2): 680-4.
12. Yu HJ, Wong WY, Chen J, Chie WC. Quality of life impact and treatment seeking of Chinese women with urinary incontinence. *Quality of Life Research*. 2003; 12(3): 327-33.
13. Lionis C, Vlachonikolis I, Bathianaki M, Daskalopoulos G, Anifantaki S, Cranidis A. Urinary incontinence, the hidden health problem of Cretan women: report from a primary care survey in Greece. *Women & Health*. 2000; 31(4): 59-66.
14. Sykes D, Castro R, Pons ME, Hampel C, Hunskaar S, Papanicolaou S, et al. Characteristics of female outpatients with urinary incontinence participating in a 6-month observational study in 14 European countries. *Maturitas*. 2005; 30 (52): 13-23.
15. Hägglund D, Walker-Engström ML, Larsson G, Leppert J. Reasons why women with long-term urinary incontinence do not seek professional help: a cross-sectional population-based cohort study. *International Urogynecology Journal and Pelvic Floor Dysfunction*. 2003; 14(5): 296-304.
16. Hannestad YS, Rortveit G, Hunskaar S. Help-seeking and associated factors in female urinary incontinence The Norwegian EPINCONT Study. *Scandinavian Journal of Primary Health Care*. 2002; 20(2): 102-7
17. O'Donnell M, Lose G, Sykes D, Voss S, Hunskaar S. Help-seeking behavior and associated factors among women with urinary incontinence in France, Germany, Spain and the United Kingdom. *European Urology*. 2005; 47(3): 385-92.
18. Kinchen KS, Burgio K, Diokno AC, Fultz NH, Bump R, Obenchain R. Factors associated with women's decisions to seek treatment for urinary

- incontinence. *Journal of Women's Health*. 2003; 12(7): 687-98.
19. Shaw C. A review of the psychosocial predictors of help-seeking behavior and impact on quality of life in people with urinary incontinence. *Journal of Clinical Nursing*. 2001; 10(1): 15-24.