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## Original Article

# Predicting delay to treatment of urinary incontinence among urban community-dwelling women in China

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## ABSTRACT

**Purpose:** To determine the effect of socioeconomic factors and variables related to delay to treatment on Chinese women with urinary incontinence (UI).

**Methods:** We conducted a cross-sectional survey involving 346 incontinent women living in three urban communities. We enrolled a representative subsample of 196 women who sought treatment for UI within the next six months in the study. Socioeconomic and clinical characteristic data were collected using a self-administered questionnaire and the International Consultation on Incontinence Questionnaire-Urinary Incontinence Short Form.

**Results:** Of the 196 women (age [mean and standard deviation] 51.58 ± 7.91 years), the delay ranged 1–15 years; 64 women (32.7%) reported a >3-year delay. Age (odds ratio [OR] = 1.98, 95% confidence interval [CI]: 1.31–3.00), lower UI severity (subjective) (OR = 2.32, 95%CI: 1.38–3.87), and non-mixed UI (stress or urgency UI alone, OR = 1.60, 95%CI: 1.11–2.32) were risk factors for longer delay.

**Conclusion:** Women who were older, had lower subjective UI severity, and who reported only stress or urgency UI tended to delay treatment longer; such patients should be targeted for health education and intervention regarding UI in urban communities.

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## 1. Introduction

Urinary incontinence (UI), defined as the “involuntary loss of urine that is social or hygienic problem”, is one of several

lower urinary tract symptoms (LUTS) affecting women's health worldwide [1]. Although there is consensus that UI affects quality of life (QOL) negatively in women [2], the challenge to healthcare providers is that women tend to wait

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before seeking timely and effective treatment. Delay to treatment creates a vicious cycle for women living with UI because they attempt to adjust their lives around it, i.e. restricting physical activities and enduring the psychological effects of being incontinent [3]. Untreated UI becomes a chronic progressive condition; subsequently, the cost of treatment and use of absorbent products also imposes a substantial economic burden [4,5]. Therefore, timely reporting and treatment of early symptoms may contribute to better recovery, higher QOL, and lower economic burden.

Many studies have proposed possible reasons for the delay to treatment for UI. Existing studies have highlighted misconceptions (i.e. viewing UI as a natural outcome of aging and/or childbirth and that it is untreatable) [6], psychosocial barriers (shame, embarrassment, fear of discrimination) [7,8], fear of invasive treatment, and adequate self-coping strategies [9] as some of the common barriers to seeking treatment. Despite the greater availability and effectiveness of treatment options, including conservative therapy and surgical treatment, delay to treatment for UI has remained unchanged over the last 20 years [10–12]. The identification of women who are incontinent and likely to delay treatment longer is still unclear. Previous studies have demonstrated that socioeconomic factors have a significant influence on delayed reporting in breast cancer [13], lung cancer [14], and cervical cancer with late rectal complications [15]. Moreover, socioeconomic status and UI-related variables could also have considerable impact on delayed treatment-seeking in women with UI [16,17]. To the best of our knowledge, no study has explored the effect of socioeconomic factors and UI-related variables on the length of delay to treatment in women with UI. Therefore, we designed the present study to examine whether these variables could predict longer delay to treatment for UI among women living in China.

## 2. Materials and methods

### 2.1. Study design and participants

From May to October 2011, we conducted a cross-sectional survey of 346 women from three urban communities in Jinan, China. We used two steps to select eligible women: A community nurse asked women who visited community health service centers during this period if they had involuntary urine leakage and had no experience of seeking treatment for UI previously. The nurse was trained prior to the study, and the definition of UI used was based on the report proposed by the International Continence Society. If the woman responded affirmatively, she was invited to participate in the study. Second, we included women if they were  $\geq 18$  years old and reported being incontinent at least once a month on average for at least three months. We excluded women who reported urinary tract infection, pregnancy, or giving birth within the past three months or at her terminal stage. We provided personal assistance (questions read or filled in by researchers) for those with visual or writing difficulties; we obtained informed consent prior to administering the survey. We selected 196 eligible women who reported involuntary urine leakage to community nurses

and who sought treatment for UI within the next six months for secondary analysis.

### 2.2. Measurements

#### 2.2.1. Socioeconomic characteristics

We collected information on socioeconomic status, which included age, marital status (married or unmarried including single, divorced, or widowed), educational level (primary school or illiterate, middle school, high school, or college), monthly household income per person, and health insurance (yes or no).

#### 2.2.2. Objective UI severity and UI types

Objective UI severity and UI type were assessed using the Chinese version of the International Consultation on Incontinence Questionnaire-Urinary Incontinence Short Form (ICIQ-UI SF) [18]. Previously, Huang et al. [18] tested the Chinese version of the ICIQ-UI SF and confirmed its satisfactory content validity, Cronbach's  $\alpha$  coefficient (0.71), and test-retest reliability (0.71–0.96). The first three items in the scale were used to assess the frequency and amount of urinary leakage, the total score for which represents the objective UI severity. For this study, the severity score of 0–21 was used to construct four levels of UI severity: slight (1–5), moderate (6–12), severe (13–18), and very severe (19–21) [19]. UI type was assessed using responses to the fourth item in the ICIQ-UI SF [18].

#### 2.2.3. Subjective UI severity

We assessed subjective UI severity using a self-designed question: “How much does leaking urine affect your work or daily life?” The response categories used a 4-point scale (1 = not at all, 2 = slightly, 3 = moderately, 4 = severely). A higher score demonstrated more perceived impact from UI.

#### 2.2.4. Delay to treatment for UI

Kinchen et al. [20] suggested that UI symptom duration  $> 3$  years was significantly associated with treatment seeking; thus, longer delay to treatment in our study was operationalised as an interval of  $> 3$  years between recognition of the first symptom and the report of seeking treatment for UI within the next six months. All eligible women were divided into those who had delayed seeking treatment for  $\leq 3$  years and those who had delayed seeking treatment for  $> 3$  years after recognising the first symptom.

### 2.3. Ethical approval

We performed the study in accordance with the ethical standards of the Helsinki Declaration. The Shandong University ethics committees granted approval for the study. We obtained informed participant consent before the study commenced. All information collected from the participants was kept confidential and anonymous.

### 2.4. Statistical analysis

All statistical analyses were carried out using SPSS version 16 (SPSS Inc., Chicago, IL, USA). Age, marital status, educational

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