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Psychological morbidity and female urinary incontinence

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Female urinary incontinence is a common yet distressing condition. It affects women of all ages, but is especially common in the elderly. Its prevalence ranges from 15 to 55%, depending on age and population studied. Despite the ubiquity of female urinary incontinence, many incontinent women do not voice their suffering, and urinary incontinence has therefore been dubbed 'the silent epidemic'. The physical impact and social isolation associated with urinary incontinence lead to impairment of quality of life and psychological well-being. It is the aim of this review to discuss the epidemiology and psychological impact of urinary incontinence. The recognition and management of incontinence-related psychological morbidity are also explored.

Key words: female urinary incontinence; quality of life; depression; psychological morbidity; stress incontinence; urge incontinence; voiding difficulty; neuropharmacology.

Female pelvic floor dysfunction encompasses a wide range of diseases, of which urinary incontinence and pelvic organ prolapse (POP) are the commonest and affect many women. Pelvic floor dysfunction can occur at any age, but is especially common in elderly women.[1,2] The prevalence of urinary incontinence ranges from 15 to 55%[2,3], and the prevalence of major POP ranges from 3 to 6%, depending on the classification system.[4]

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Current treatment of female urinary incontinence includes pelvic floor exercise, behavioural therapy, medication, and surgical procedures, either alone or in combination.[5–7] However, the best cure rates achieved by these treatment modalities are only around 90%, and the rest achieve a lower cure or improvement rate of around 60–80%.[8–10]

It has been reported that women suffering from urinary incontinence also suffer from psychosocial disabilities such as sexual dysfunction[11], social isolation[12–14], negative impact on quality of life[15,16], and spouses' negative psychosocial effect.[17] All of these would have significant impact on sufferers' psychosocial well-being and quality of life. It is therefore not surprising that urinary incontinence is associated with psychological morbidity.[18,19] It is the aim of this review to explore the epidemiology and risk factors of psychological morbidity associated with female urinary incontinence.

EPIDEMIOLOGY

Urinary incontinence is a common disorder affecting millions of women. Many incontinent women do not voice their suffering, and therefore urinary incontinence has been dubbed 'the silent epidemic'.[20] Urinary incontinence can occur at any age, but is more common in older women[21], and is estimated to affect 20–40% of adult women or 11–80% of the elderly[21–25], depending on age, the health-care setting where the study was performed, and the definition of urinary incontinence used. The prevalence of urinary incontinence in older women is approximately twice that of older men.[22] Compared with the elderly living at home, those residing in nursing homes or hospitals also have a higher prevalence of urinary incontinence.[21]

The first large-scale survey on urinary dysfunction among Hong Kong Chinese women in 1996[26] reported that 21% had stress urinary incontinence, 15% had urgency and urge incontinence, and 19% had urinary frequency. In more recent surveys, the prevalence of lower urinary tract symptoms has increased significantly, with 40.8% of respondents reporting stress urinary incontinence, 20.4% urge incontinence, and 15.9% mixed incontinence.[25] This increase in prevalence may not simply be due to rapid ageing of the population, but could be interpreted as previous underestimation of prevalence by the lack of awareness among the study subjects. Moreover, among the women with urinary symptoms, 16% reported quality of life impairment, 9.3% felt frustrated with low morale, and 15.2% had nervous and anxiety problems. However, as many as 78.3% of the subjects did not know that stress urinary incontinence is a disease entity, and 60.6% thought that leakage of urine was a normal ageing process.[25]

Despite the ubiquity of urinary incontinence, not all women seek medical advice. In Canadian women treatment-seeking is associated with increasing age, duration, severity, impact, and urinary symptoms.[27] In Valerius' study, 71% of women with urinary incontinence sought treatment within the first 2 years of onset, but 23% delayed their treatments 5 or more years after symptoms developed.[28] A Japanese study has reported that the intention to seek treatment depends on the type and duration of urinary incontinence. In the group that desired treatment, women with urge incontinence have shorter duration of incontinence than those with stress and mixed incontinence. Within the urge incontinence group, women who had reported the desire for treatment showed longer duration of incontinence than those who reported no desire for treatment.[29] On the other hand, women with severe urinary incontinence are more likely to seek treatment than those with mild urinary incontinence.[30] The