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ORIGINAL ARTICLE

Prevalence of urinary incontinence and its relation with sedentarism in Spain[☆]

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KEYWORDS

Urinary incontinence;
Aging;
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Abstract

Objectives: To determine the prevalence of urinary incontinence in the elderly Spanish population of both sexes and identify a possible relationship between physical activity habits and the presence of urinary incontinence in the elderly.

Material and methods: We used data from 8146 individuals older than 60 years (age range, 60–94 years), from which data from a 15-year cohort were obtained. Of these, 4745 (58.2%) were women and 3401 (41.8%) were men. We analyzed the presence of urinary incontinence, physical activity habits and the influence of other variables such as sex, age, weight and body mass index.

Results: We detected a prevalence of urinary incontinence of 15% for the women and 11.6% for the men. Those with urinary incontinence had a greater average age, weight and body mass index than the healthy participants. At the same time, the patient group with incontinence showed more sedentary habits compared with the healthy participants.

Conclusions: A strong relationship was observed between the body mass index and prevalence of urinary incontinence. Urinary incontinence was also related to attitudinal aspects such as physical inactivity, a behavior that predisposes the elderly to developing incontinence. For the first time, we observed a reduction in the prevalence of incontinence compared with previous studies.

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PALABRAS CLAVE

Incontinencia urinaria;
 Envejecimiento;
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 Prevalencia;
 Índice de masa corporal

Prevalencia de la incontinencia urinaria y su relación con el sedentarismo en España**Resumen**

Objetivos: Definir la prevalencia de la incontinencia urinaria en la población de adultos mayores españoles en ambos sexos e identificar la posible relación entre los hábitos de actividad física y la presencia de incontinencia urinaria en personas mayores.

Material y métodos: Se utilizaron datos de 8.146 personas mayores de 60 años (rango de edad de 60-94 años), con lo que se obtuvieron datos de una cohorte de 15 años. De estos, 4.745 (58,2%) eran mujeres y 3.401 (41,8%) eran hombres. Se analizaron la presencia de incontinencia urinaria, los hábitos de actividad física y la influencia de otras variables como el sexo, la edad, el peso y el índice de masa corporal.

Resultados: Se detectó una prevalencia de incontinencia urinaria del 15% para las mujeres y del 11,6% para los hombres. Destacan la mayor edad, peso e índice de masa corporal promedio de los pacientes de incontinencia urinaria frente a los participantes sanos. Al mismo tiempo, en todas las variables relacionadas con los hábitos de actividad física, el grupo de pacientes con incontinencia muestra hábitos más sedentarios en comparación con los participantes sanos.

Conclusiones: Se observó una fuerte relación entre el índice de masa corporal y la prevalencia de incontinencia urinaria. También se relacionó con aspectos actitudinales como el sedentarismo, conducta que predispone a las personas mayores a desarrollar incontinencia. Por primera vez, se observa una reducción en la prevalencia de la incontinencia en comparación con estudios previos.

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Introduction

The International Continence Society defines urinary incontinence (UI) as the objectively demonstrable involuntary loss of urine that causes a social or hygienic problem.¹ Although UI does not imply a prediction of severity, it limits autonomy, reduces self-esteem, and significantly impairs the quality of life of the person who presents it.² UI affects 25% of the world population and this percentage reaches 45% for the female population in some countries.³ This problem is more frequent in the elderly, especially in women, but it is undervalued and poorly studied.⁴

Troko et al.⁵ carried out a systematic review with the objective of identifying the risk factors related to UI and concluded that the known risk factors for its development are very varied: age, excessive body mass index (BMI), history of trauma and perineal infections, lack of physical activity (PA), and the presence of cognitive deficits, diabetes, or pulmonary diseases, among others. In addition, they indicate the lack of solidity in the investigations that indicate modifiable risk factors like the practice of PA. This gap of knowledge increases in studies related to men.

The practice of PA is a preventive and treatment factor of UI due to its strengthening effect on the abdominal band and pelvic floor.⁶ However, patients with UI are reluctant to practice physical activity (especially in groups),⁷ which aggravates and chronicles this problem, in a vicious circle.

There are studies that estimate that the expenditure on annual pharmaceutical provision in Spain for the treatment of UI is approximately 210 million euros. In spite of all this, its prevalence is not well established and patients with this symptomatology request facultative treatment in less than 30% of the cases.^{2,8} These percentages increase even more

with age, when UI does not represent a priority in the survival of the elderly.⁵

Because prevalence rates are an important factor in the models used to calculate the economic costs associated with UI, the purposes of this research are: (a) to define the prevalence of UI in the Spanish adult population in both sexes and (b) to identify the possible relationship between PA habits and the presence of UI in the elderly.

Material and methods**Experimental design**

This cross-sectional observational study was based on data from the European Health Survey of 2014 (EHS14) conducted by the National Institute of Statistics and the Ministry of Health, Social Services and Equality of the Government of Spain. Personal interviews were conducted between January and September 2014. In this study, a representative sample of the Spanish population was used ($n = 37,500$ interviews).

Sample

The EES14 in Spain includes all its population (46,745,807 people). To achieve the representation of the data, the sampling process includes all the provinces and is carried out in a stratified manner. The questionnaires were completed through personal interviews at home. The details of the survey can be found on the website of the National Statistics Institute.⁹

Data from 8146 people older than 60 (age range 60–94 years) were used, so data from a 15-year cohort were obtained. Of these, 4745 (58.2%) were women and 3401

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