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Editorial

Urinary incontinence in European women seeking treatment – results from a large observational study

Urinary incontinence was defined by the International Continence Society (ICS) as “any involuntary leakage of urine” [1]. Urinary incontinence, (UI), is currently an under-diagnosed and under-reported condition [2], that is especially common in women. Estimates of the prevalence of UI vary, and increase with age, typically 20-30% in young adults, peaking around middle age (prevalence 30-40%) and rising steadily in old age (30-50%) [3, 4]. Female urinary incontinence leads to significant morbidity, resulting in impaired quality of life and social and occupational life, and adversely affecting women’s physical, psychological, sexual and domestic well-being. Not surprisingly, symptoms of depression and anxiety increase in patients with UI and such symptoms complicate medical illnesses and management, and have major economic consequences. Despite the burden of UI symptoms, only some 25 % of affected women consult a doctor [5, 6, 7], often because of their misconception that the condition is a normal consequence of childbirth and aging, their lack of knowledge about possible therapy [6, 8], or shame and embarrassment about discussing incontinence [6, 9].

Methodologically sound studies are needed to document the economic and personal impact of UI, in order to develop guidelines for the allocation of health care resources and research funding to this major public health problem. Furthermore, although there are several examples of randomised clinical trials and epidemiological studies that provide evidence about the prevalence of UI, the efficacy and safety of UI treatments, the direct costs of treatment and the characteristics of the patients seeking treatment for UI, as well as the impact of UI on Health Related Quality of Life (HRQoL) of patients, the results cannot be compared or combined across the different studies, countries and patient populations, because the studies used different methodologies, were carried out in different settings and used different definitions of the condition. Thus there was a need for a large-scale European study that would provide robust information about the actual resource utilisation and the direct costs associated with the treatment of each type of UI, how European doctors treat UI in the actual practice setting and how UI impacts the quality of life of the patients.

PURE (Prospective Urinary Incontinence Research) is a 6-month, non-interventional, observational, multi-centre study in 14 European countries, primarily aimed at determining the direct costs of urinary incontinence treatment. Secondary objectives of PURE are to describe the impact of UI on HRQoL in treatment seeking patients and to illustrate the treatment patterns for UI in Europe. Physicians, including General Practitioners (GPs), gynaecologists, urologists and geriatricians, observed women who had experienced urinary leakage in the 12 months prior to enrolment in the study, who were seeking treatment or were under treatment for UI in an outpatient setting, and who presented within the normal course of UI care. All UI treatment provided was at the discretion of the participating physician according to their clinical judgement and the local standards of medical care. Data were recorded at baseline, and prospectively at two other time points (around 3 months and 6 months after baseline).

PURE baseline results are presented over three articles in this supplement to *Maturitas*. The study population is first described by focusing on the patients' characteristics at their study enrolment. Next, the results from the quality of life assessments as well as bothersomeness and interference with daily activities are presented, and finally, medical resource use and cost of treatment data recorded retrospectively at the enrolment visit for the preceding 12 months are summarised for Germany, Spain and the UK/Ireland. To facilitate the interpretation of the PURE results, an article on health care provision for women precedes the papers with UI in five PURE countries, including the three countries presented here for resource utilisation and cost of treatment.

References

- 1 Abrams P, Cardozo L, Fall M, et al. The standardisation of terminology in lower urinary tract function: report from the standardisation sub-committee of the international continence society. *Urology* 2003;61:37-49.
- 2 Culligan PJ, Heit M. Urinary incontinence in women: evaluation and management. *Am Fam Physician* 2000; 62:2433-44, 2447, 2452.
- 3 Hunskaar S, Burgio K, Diokno AC, Herzog AR, Hjälmås K, Lapitan MC. Epidemiology and natural history of urinary incontinence (UI). In Abrams P, Cardozo L, Khoury S, Wein A eds. *Incontinence. 2nd International Consultation on Incontinence, 2nd edn.* Plymouth: Health Publication Ltd, 2002:165-201.
- 4 Hannestad YS, Rortveit G, Sandvik H, Hunskaar S. A community-based epidemiological survey of female urinary incontinence: the Norwegian EPINCONT study. *J Clin Epidemiol* 2000;53:1150-1157.
- 5 Hannestad YS, Rortveit G, Hunskaar S. Help-seeking and associated factors in female urinary incontinence. *Scand J Prim Health Care* 2002;20:102-107.
- 6 Shaw C, Tansey R, Jackson C, Hyde C, Allan R. Barriers to help seeking in people with urinary symptoms. *Family Practice* 2001;18:48-52.
- 7 Kinchen KS, Burgio K, Diokno AC, Fultz NH, Bump R, Obenchain R. Factors associated with women's decisions to seek treatment for urinary incontinence. *J Women's Health* 2003;12(7):687-698.
- 8 Norton PA, MacDonald LD, Sedgwick PM, Stanton SL. Distress and delay associated with urinary incontinence, frequency, and urgency in women. *BMJ* 1988;297:1187-1189.
- 9 Margalith I, Gillon G, Gordon D. Urinary incontinence in women under 65: Quality of life, stress related to incontinence and patterns of seeking health care. *Quality of Life Research* 2004;13:1381-1390.

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