



ASSESSMENT OF URINARY INCONTINENCE TREATMENT DEMAND IN PHYSICALLY ACTIVE WOMEN GROUP

Jucyara da Silva Coelho¹, Camila Teixeira Moreira Vasconcelos², Flávio Mendes Alves¹, José Ananias Vasconcelos Neto¹

¹Federal University of Ceara- Faculty of Medicine - Department of Women's, Children's and Adolescent's Health – Fortaleza-CE, Brazil.

²Federal University of Ceara- Faculty of Pharmacy, Dentistry and Nursing – Department of Nursing – Fortaleza-CE, Brazil.



Introduction

Regular physical exercise is widely recognized as essential for promoting physical, social, and mental health and well-being. However, despite these incontrovertible benefits, women who engage in physical activities frequently encounter significant challenges related to urinary incontinence, a condition that can be exacerbated or triggered by specific types of exercise [1, 2].

Urinary incontinence is prevalent among physically active women. Despite its high prevalence, this condition remains underreported due to social stigma, perceptions of normality, and insufficient information. These factors contribute to women underestimating symptoms and refraining from seeking appropriate professional care, thereby exacerbating the condition and its impact on quality of life [2].

In this context, our objective is to evaluate the propensity of women who exercise in fitness centers to seek treatment for urinary incontinence, and to identify the factors influencing their decisions to pursue or forego medical intervention for this condition.

Methods

This is a descriptive cross-sectional study associated with the kAP Survey, carried out in gyms from March to July 2022 after Ethical approval.

A subscale extracted from the validated instrument called kAP-IU was used as research instrument. This subscale evaluates the participants' responses regarding the search for professional help, the guidance received from professionals and which treatments were carried out in women with urinary complaints [3].

The following inclusion criteria were established: women over 18 years of age who have been exercising for at least 6 consecutive months. Pregnant women and those with difficulty understanding instructions were excluded from the study.

Open-epi 3.01 was used for sample calculation. The parameters settled for sample calculation was same for cross-sectional studies with a finite population. The confidence interval was 95% with a 5% margin of error and a prevalence estimate of 50%. In order to be representative the total sample estimated was 256 women. The participants were included in the study after signing the Free and Informed Consent Form (TCLE).

Results

Out of the total sample, 110 women (43.3%) exhibited symptoms of urinary incontinence (UI). The median age of the participants was 33 years, ranging from 18 to 67 years. The majority were single (59.8%), of brown skin color (61.7%), and had an adequate body mass index (median of 24.69, ranging from 22.68 to 27.07). More than half of the participants (96.48%) reported higher education and a monthly income above USD 387.32.

A significant portion of this group, 74 women (70.5%), had never sought treatment for urinary incontinence symptoms. Among the women who sought medical care, 31 (29.5%), 7 (22.6%) reported not receiving any guidance from healthcare professionals, while 24 (77.4%) received guidance, with 11 (45.8%) being advised to perform pelvic floor muscle training (Table 1).

One of the most common reasons physically active women neglect the symptoms of urinary incontinence (UI) is the lack of awareness regarding the need for treatment (27.03%) and the sporadic frequency of urinary leakage (22.9%) (Figure 1).

Table 1. Distribution of responses from the practice (treatment) subscale for UI of women with UI (n = 105). Parnaíba-PI, 2024.

Questions (Practice - treatment subscales)	Response category n (%)	
Have you ever sought help to treat urine loss (loss of pee when you don't feel like urinating or because you can't get to the bathroom in time)?	Yes (40 pts) 31 (29.5)	No (0 pts) 74 (70.5)
Who did you see to treat urine loss?	Healthcare professional (40 pts) 29 (93.5)	Lay (0 pts) 2 (6.4)
If you sought treatment, what guidance was given?	Guidance 24 (77.4)	None 7 (22.6)
	Surgery	1 (4.2)
	TMAP	11 (45.8)
	Behavioral Therapy	5 (20.8)
	Vaginal cones	2 (8.3)
	Medicines	5(20.8)
What treatment do you carry out or have you carried out?	Surgery	1 (4.2)
	TMAP	11 (45.8)
	Behavioral Therapy	5 (20.8)
	Vaginal cones	2 (8.3)
	Medicines	5(20.8)

Sociodemographic and obstetric data, as well as parameters related to physical activity, were analyzed in relation to the treatment subscale, with the objective of identifying factors that influence the appropriate practice of treatment for UI.

Among single women, more than half did not seek help to treat urinary incontinence (Figure 2). Likewise, women with fewer pregnancies were more likely to neglect adequate treatment practices (Figure 3).

Figure 1. Distribution of responses (n = 74) regarding the justification for not seeking help to treat urine loss.

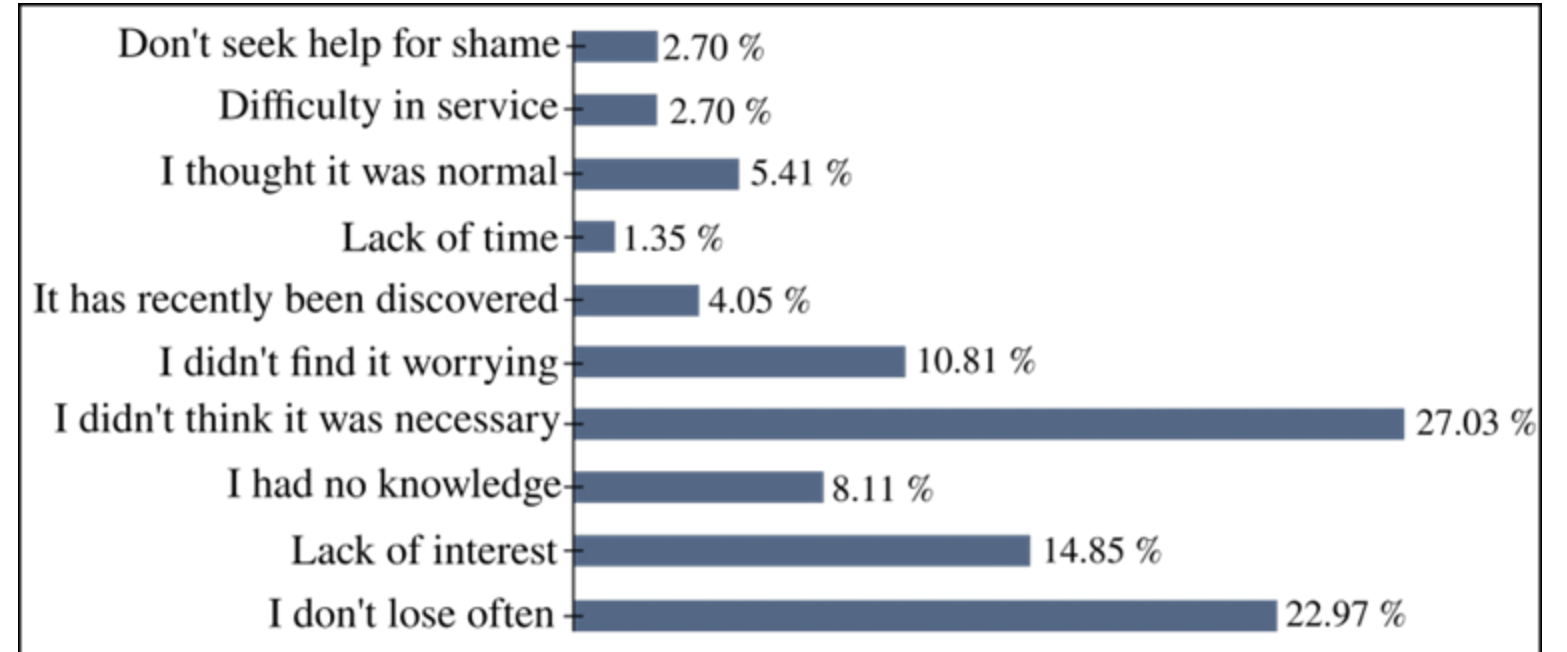


Figure 2. Urinary incontinence treatment related variables

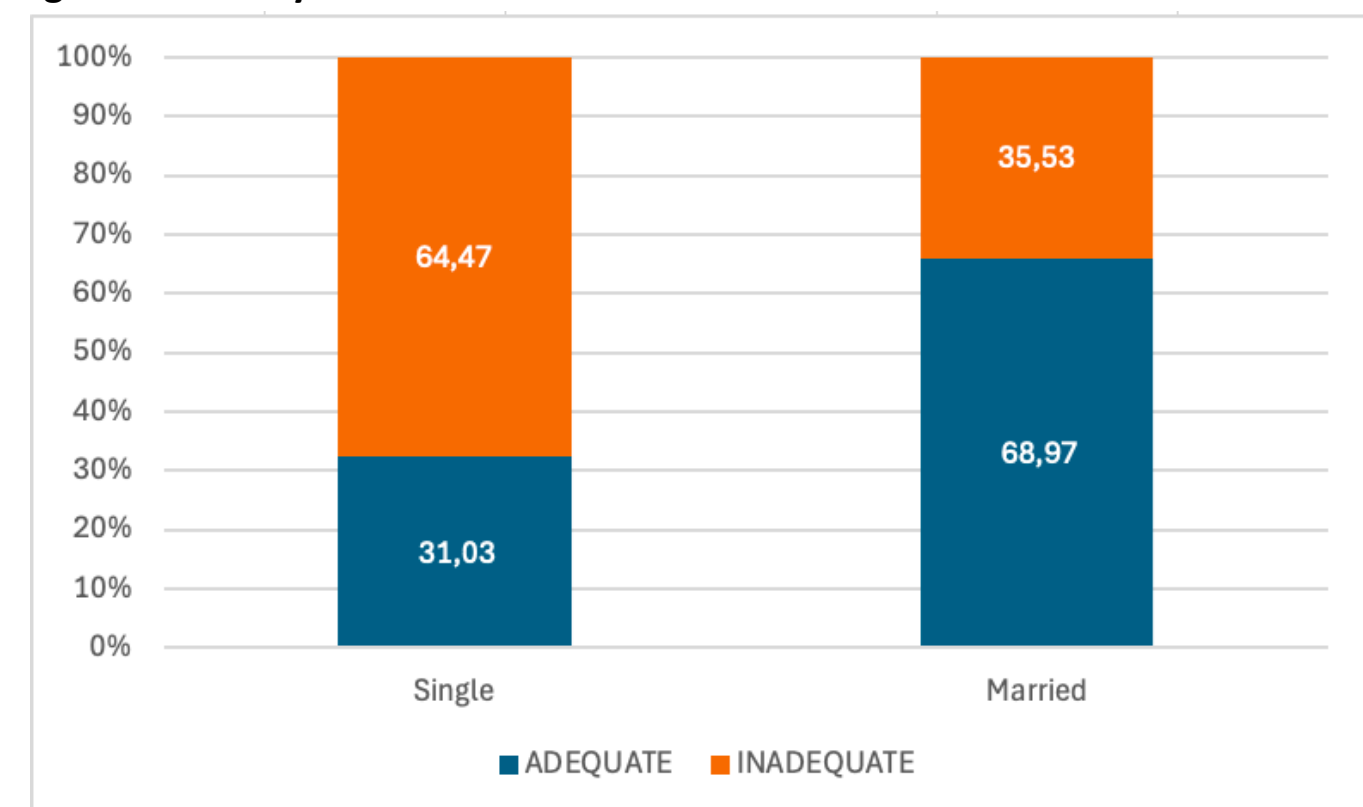
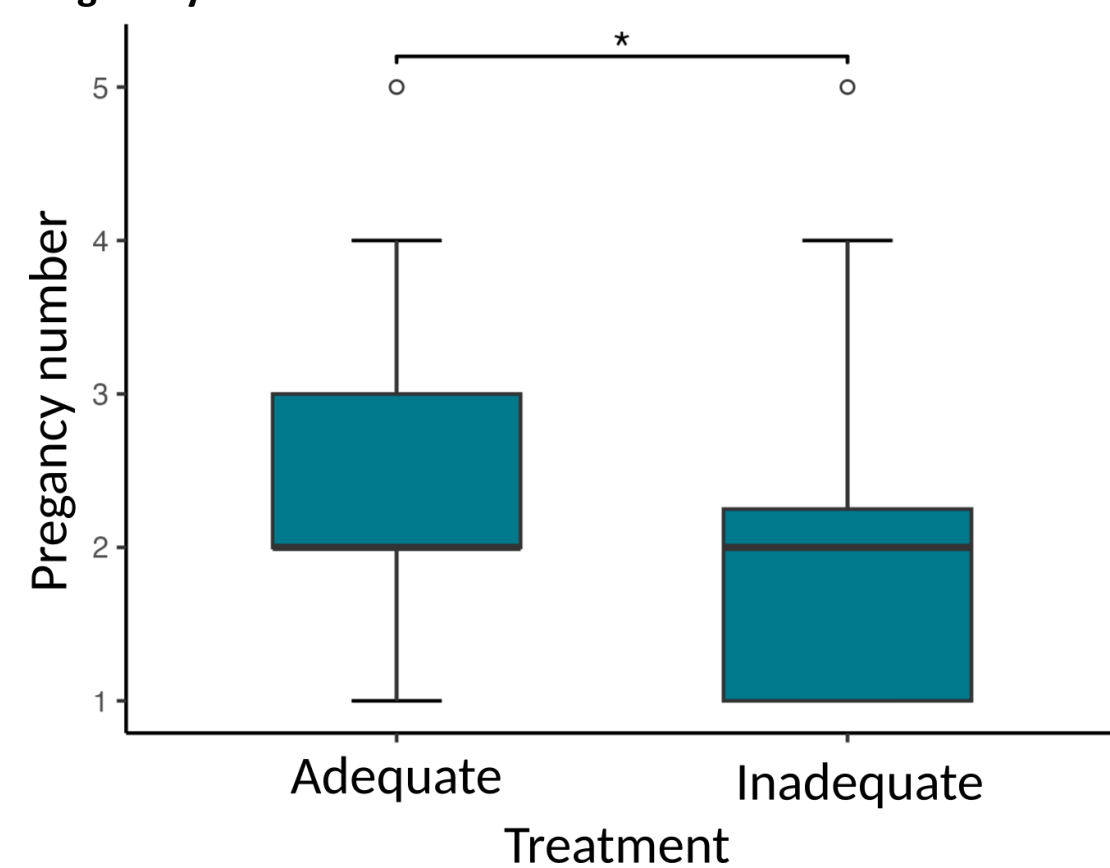


Figure 3. Pregnancy number x treatment



Discussion

Urinary incontinence proved to be prevalent, affecting 43% of participants. Surprisingly, a large proportion (70.5%) of these women said they had never sought help to treat this condition. The most common reasons for this neglect were the lack of awareness of the need for treatment and infrequent urinary leaks. This may probably be related to the fact that these women present mild symptoms, since the severity of the symptoms seems to be a plausible motivation for seeking treatment for urinary incontinence [4].

When investigating the factors that influence urinary incontinence (UI) treatment practices, we observed that single women and those with fewer pregnancies were more likely to adopt inappropriate practices. Single women may have less support in dealing with health issues or may prioritize other responsibilities and activities, neglecting the need for UI treatment [5]. Furthermore, women who have already been through at least one pregnancy may view UI as something common during pregnancy, leading them to not perceive UI as a significant problem and thus minimize the symptoms and severity of this condition [3]. On the other hand, married women and those with more pregnancies reported adequate practices, possibly due to a family support network that encourages them to seek help to treat UI.

Conclusions

The results obtained in this study underscore the necessity of raising awareness regarding the significance of addressing urinary incontinence among female exercisers, particularly those at heightened risk of adopting inadequate practices, such as unmarried women and those with fewer pregnancies. This emphasizes the inherent complexity of behavioral modification and emphasizes the requirement for sustained educational initiatives, complemented by effective strategies for screening urinary incontinence and promoting adherence to preventive and therapeutic measures.

References

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