

# 23717 Knowledge of urinary incontinence among adults and respective determinants

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## Introduction

Urinary incontinence (UI) affects about 423 million people worldwide and affects different domains of life (physical, sexual, psychological, and social). This dysfunction is frequently related to several beliefs, misconceptions, and taboos. Misinformation about UI can delay diagnosis and impact treatment outcomes.

**Aims:** to describe knowledge related to UI of adults from a higher education health institution, and to study the association of sociodemographic and clinical characteristics with demonstrated UI knowledge.

## Methods and Materials

This was a cross-sectional study. Data were collected from a higher education health institution by an online survey, between January and March 2022. The sample comprised 557 respondents, aged between 17 to 80 years.

ICIQ-UI-SF to assess UI symptoms.

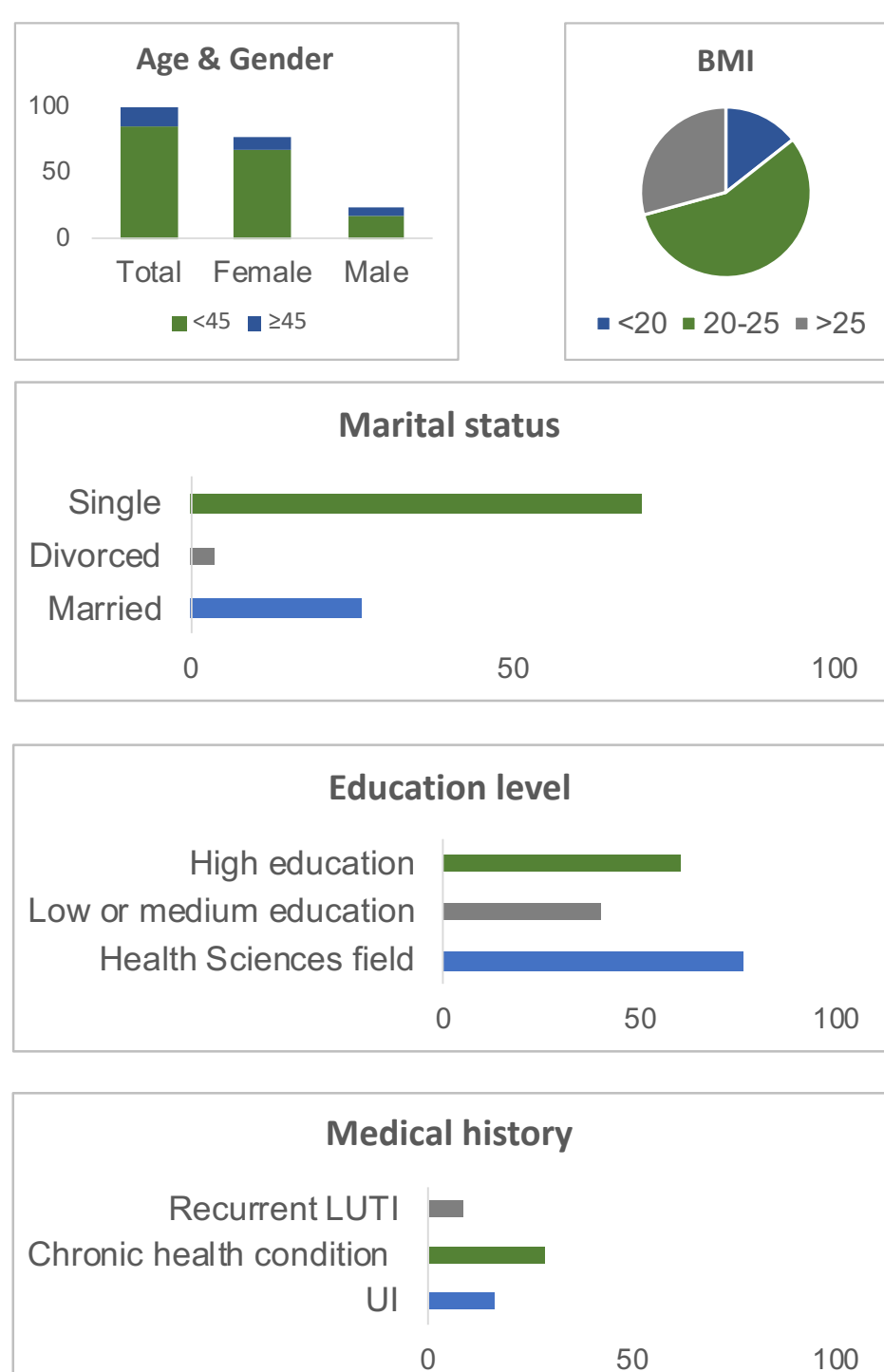
**Incontinence Quiz Questionnaire (IQQ)** to assess UI-related knowledge) [1]. Comprises 14 questions grouped in 4 domains:

i) Relationship between aging and UI; ii) Causes of UI; iii) Treatments and effects of UI; iv) Physician-patient discussion about UI.

Primary endpoints were the percentages of correct, incorrect, and “don’t know” answers on the IQQ. Knowledge was analyzed according to age, sex, education level, the field of studies, report of chronic health conditions, recurrent lower urinary tract infections (LUTI), and presence of UI, by using Mann-Whitney U tests ( $\alpha=0.05$ ).

## Results

### I. Sociodemographic characteristics



### II. IQQ

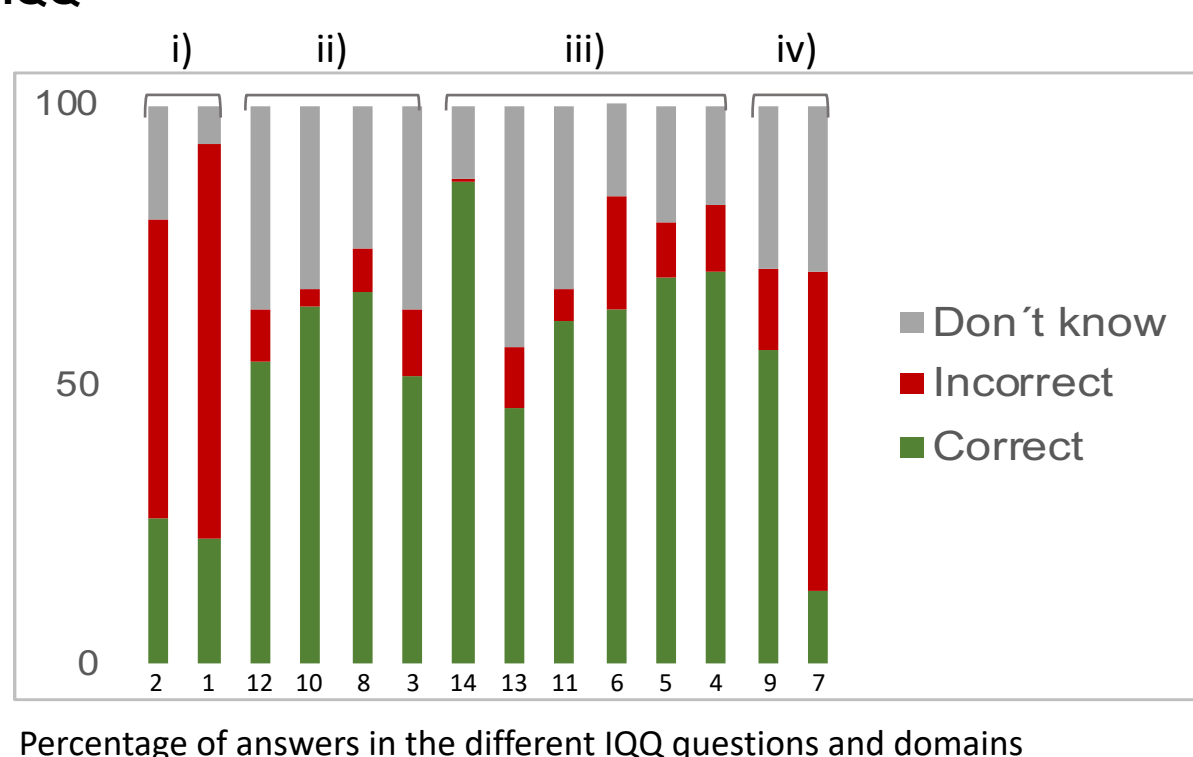


Table 1. Association between answers on the IQQ (total score) and sociodemographic and clinical factors

		% Correct	p <sup>a</sup>	% Incorrect	p <sup>a</sup>	% Don't know	p <sup>a</sup>
		Median (IQR)		Median (IQR)		Median (IQR)	
<b>Age</b>	<45 years	57.1 (35.7)	<b>0.014</b>	21.4 (14.3)	<b>&lt;0.001</b>	21.4 (35.7)	0.911
	≥45 years	64.3 (28.6)		14.3 (14.3)		21.4 (28.6)	
<b>Sex</b>	Female	57.1 (28.6)	0.088	21.4 (14.3)	0.529	21.4 (28.6)	0.300
	Male	57.1 (28.6)		21.4 (14.3)		21.4 (35.7)	
<b>Level of education</b>	Higher education	57.1 (28.6)	<b>&lt;0.001</b>	21.4 (21.4)	<b>0.028</b>	14.3 (28.6)	<b>0.001</b>
	Others	50.0 (35.7)		21.4 (14.3)		28.6 (35.7)	
<b>Education Field</b>	Health sciences	57.1 (28.6)	<b>&lt;0.001</b>	21.4 (14.3)	<b>0.013</b>	14.3 (28.6)	<b>&lt;0.001</b>
	Others	50.0 (21.4)		14.3 (14.3)		35.7 (32.1)	
<b>Health conditions</b>	Yes	57.1 (35.7)	0.564	21.4 (14.3)	0.074	21.4 (28.6)	0.719
	No	57.1 (35.7)		21.4 (14.3)		21.4 (35.7)	
<b>Recurrent LUTI</b>	Yes	57.1 (39.3)	0.791	14.3 (21.4)	0.645	28.6 (39.3)	0.803
	No	57.1 (28.6)		21.4 (14.3)		21.4 (28.6)	
<b>UI</b>	Yes	57.1 (28.6)	0.630	21.4 (14.3)	0.882	21.4 (28.6)	0.739
	No	57.1 (35.7)		21.4 (14.3)		21.4 (35.7)	

## Interpretation of results

The fact that there were no differences in UI knowledge between men and women was an interesting finding and to our knowledge has not been covered in previous studies [2]. As UI is more prevalent in women than men, one would expect women to have better knowledge about this dysfunction. However, the fact that more than half of the sample had a higher education degree, the majority in the field of health sciences, could explain this result. Interestingly, neither recurrent LUTI nor symptoms of UI were associated with a better knowledge of this dysfunction. However, this result is in line with other studies – most doctors do not talk to or question their patients about continence changes, and neither patients discuss this issue with their doctor. Being at least 45 years of age was associated with a better knowledge of UI. Based on the results of epidemiological studies, the prevalence of UI is higher in this age group, which may lead women to have more interest in the problem and perhaps search for UI-related information. Having chronic health conditions was not associated with better knowledge. Participants with non-urinary-related medical conditions were not more aware than healthy individuals, perhaps because consultations with their specialist physician will only cover the specific problems related to the disease. Considering the IQQ domains, the “Relationship between aging and UI” was the only one showing a higher percentage of incorrect answers than correct ones. This fact is concordant with previously reported beliefs that urinary leakage is a ‘normal’ occurrence of aging and that it worsens with age [3]. The domain “Treatments and effects of UI” had a higher proportion of correct answers. Since the sample comprised participants from a higher education institution for health, this finding was partially expected. The associations between having a higher level of education and a background in health education with the percentage of correct answers can further explain the relationship.

## Concluding message

The results of this study show that in a population mostly with higher education levels and mainly in the field of health science there is space for improvement concerning knowledge about UI. The negative impact of UI on quality of life, sexual function, and social life has been described in several studies. Thus, educational actions should cover the necessary information for the individual or someone from his/her family or social circle to be encouraged to seek treatment as early as possible when symptoms are present or even prevent their onset. The expenses related to the management and treatment of UI are heavy for both family budgets and health systems. Given the identification of modifiable risk factors for the development of UI in the scientific literature, there is an urgent need to provide education actions in this area that enable the empowerment of individuals to reduce the impact of this dysfunction.