



Prevalence of Urinary incontinence among multiparous women in Saudi Arabia.

Ali Alsulihm (1), Salman Bin Ofisan (2), Ali Alali (2).

(1) Department of Urology, Prince Sultan Military Medical City, Riyadh, Saudi Arabia

(2) College of Medicine, Prince Sattam Bin Abdulaziz University, Alkharj, Saudi Arabia

Abstract

Aim: Parity and age are risk factors for urinary incontinence (UI). In this study, our aim is to assess the relationship between Multiparity and UI in Saudi Arabia, and to identify the local risk factors in which Saudi Arabian women may develop UI in relation to the number of giving births.

Methods: cross-sectional study was conducted using a validated Arabic version of Urogenital Distress Inventory-6 (UDI-6), Incontinence Impact Questionnaire-7 (IIQ-7) short form. The number of giving births and mode of delivery were collected to assess the relationship with the degree of incontinence if present. Data analysis of the study variables was done using SPSS26.

Results: The sample included 550 women aged 18 and above: 29 are Non-Multiparous women (NMP)(0 or 1 birth)(5.3%) and 501 Multiparous women(MP) (had 2 or more births)(91.1%).

Conclusion: UI is common among Multiparous women. And the risk increases with the number of giving births. Therefore, health workers should consider the likelihood of UI occurrence in Multiparas women, and proper management should be considered.

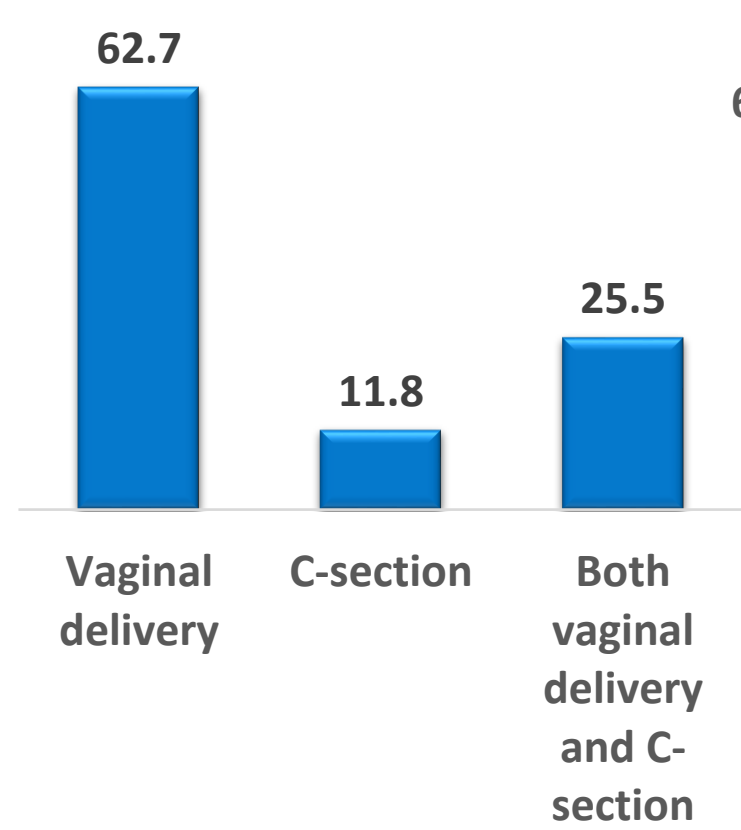
Introduction

Urinary incontinence is common condition that affects up to 28% of women. It's defined as the unintentional passing of urine. There are several types of urinary incontinence. The prevalence of urinary incontinence among young women is 20-30%, and it tends to gradually increase up to 40% among older women (2). Urinary incontinence has mainly four types: stress urinary incontinence (SUI) which is the most common form, Functional incontinence, urge incontinence, and Overflow incontinence. SUI can result from a lot of etiologies, but according to the most recent literature the major factors, which cause and influence on the severity, are age, pregnancy, childbirth and obesity (2) . Unfortunately, less than half of women suffering urinary incontinence seek treatment to avoid social embarrassment. Several studied has emphasized on the impact of pregnancy and multiparity on developing UI regardless of the type stress, urge, mixed, etc. yet the literature of the relationship between Multiparity and UI in Saudi Arabia not well reported, and therefore we hope in our study to bridge the gap between those two items and identify the local risk factors in which Saudi Arabian women may develop UI in relation to the number of giving births and mode of delivery.

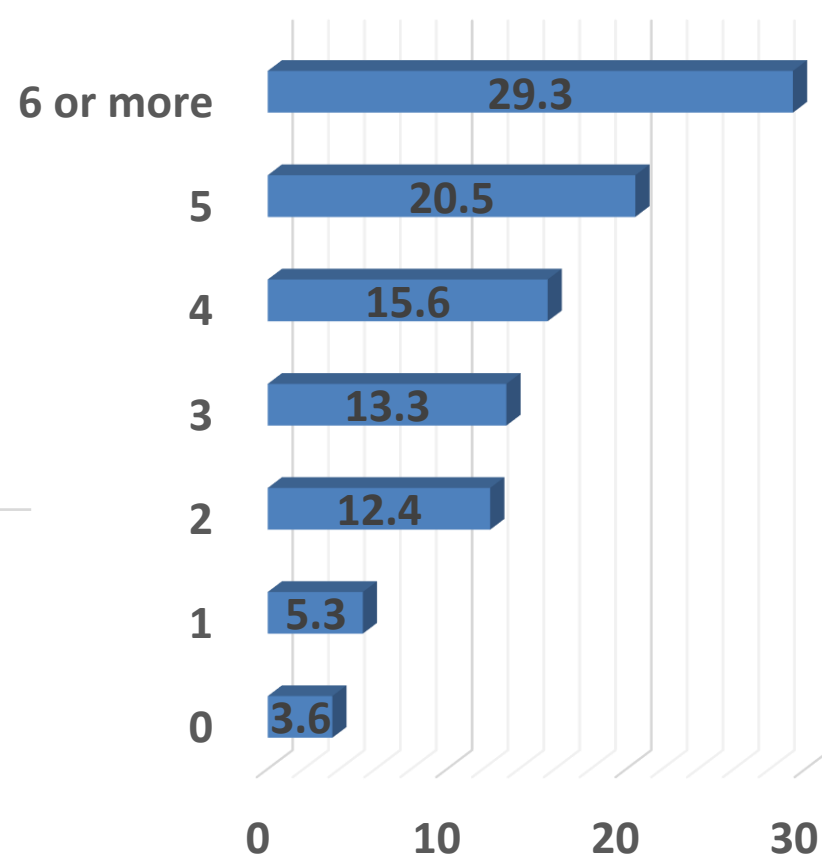
Methods and Materials

We conducted a cross-sectional study using validated Arabic version of Urogenital Distress Inventory-6 (UDI-6)(4), Incontinence Impact Questionnaire-7 (IIQ-7) short form(5). Number of giving births and mode of delivery was collected to assess the relationship with the degree of incontinence if present. We distributed the questionnaire over google survey and it was distributed through social media platforms. 550 patients aged above 18 years old living in Saudi Arabia participated in the study. Data analysis of the study variables was done using SPSS26. Chi-square test used to assess categorical values and T-test was used for continuous variables.

Percentage of Mode of delivery?



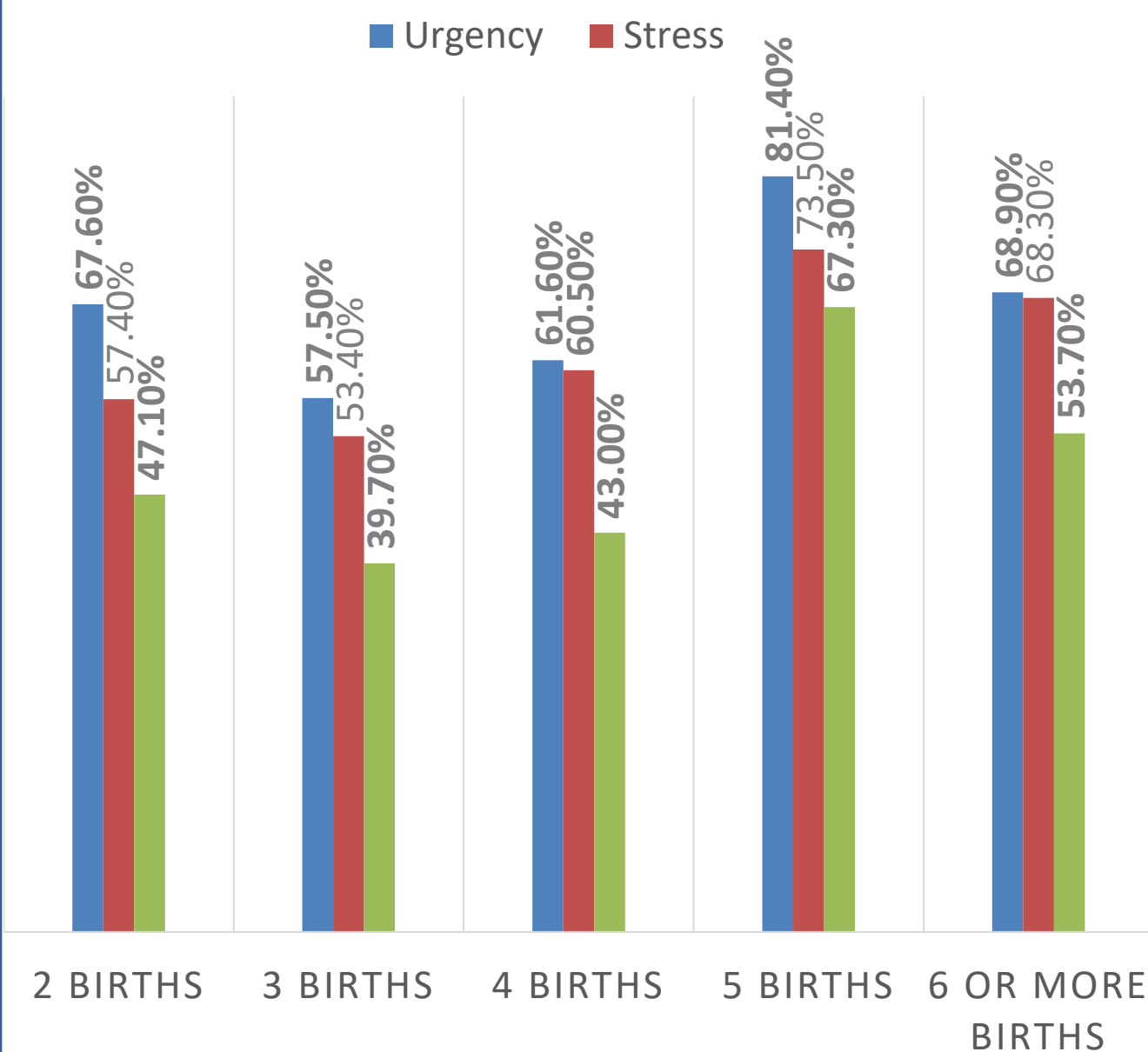
Percentage of Number of giving births?



Results

The sample included 550 women aged 18 and above: 29 are Non-Multiparous women (NMP)(0 or 1 birth) (5.3%) and 501 Multiparous women(MP) (had 2 or more births)(91.1%). The MP group had a higher score, compared to the NMP group, for UI by Urogenital Distress Inventory-6 (UDI-6), and Incontinence Impact Questionnaire-7 (IIQ-7) (P-value: 0.01%) Incontinence was found to be present in 77.5% of the sample, 68.7% 64.5% Urgency and Stress UI, respectively.

THE RELATION BETWEEN PARITY AND INCONTINENCE



Discussion

The mentioned 501 Multiparous women(MP) (had 2 or more births) who represented (91.1%)of the sample were reported to have Urgency UI and Stress UI (68.7%, and 64.5% respectively). the Nonmultiparus had Stress Urinary Incontinence (17/49) 34.69% vs multiparous had stress urinary incontinence 325/501(64.47%) (p=0.00038). on another note, the Nonmultiparous who have urgency urinary incontinence were 25/51 (51.02%) vs. the Multiparus who have SUI are (334/501) (p=0.012127).and upon a further interpretation of the results and asking about the mode of delivery 62.7% of them reported having only vaginal delivery while 25.5% had only C-Section and the remaining had both modes of delivery, in which we found that there is a high association between vaginal delivery and developing UI. Moreover, upon asking about the parity 29.3% have had 6 or more deliveries while 20.5% have had only 5 deliveries. Therefore, the higher the parity the more likelihood that Patients will develop UI.

Conclusions

UI is common among Multiparous women. And the risk increases with the number of births. Therefore, health workers should consider the likelihood of UI occurrence in Multiparas women, and proper management and further screening and prevention must be taken into consideration after delivery especially should be taken into consideration.

References

