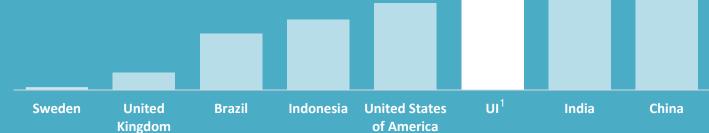
# How big is the problem? Incontinence in numbers

### Ian Milsom Gothenburg Continence Research Center (GCRC)

Sahlgrenska Academy, Gothenburg University Gothenburg, Sweden

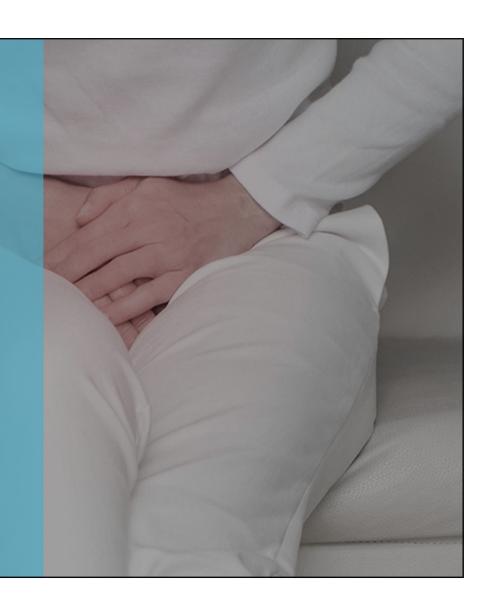






Make the population with incontinence more transparent/ understandable based on

10
questions
about
incontinence

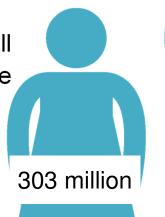


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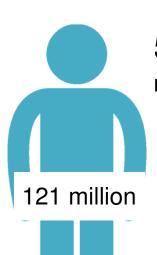
## O1 HOW MANY PEOPLE ARE AFFECTED?











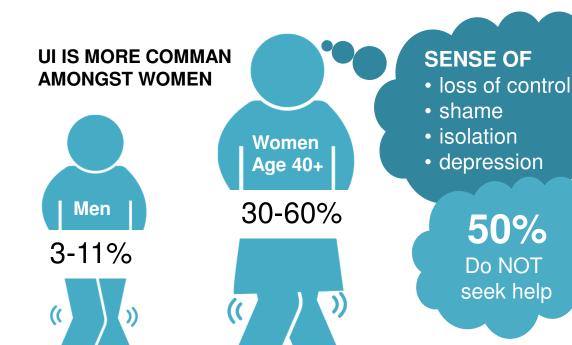
5% of all men worldwide

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Irwin et al. BJU Int. 2011 Oct;108(7):1132-8

## O2 AFFECT ON THE AFFLICTED INDIVIDUAL?







Age 40-70 **5-15%**Age 70+
in institution

>15%



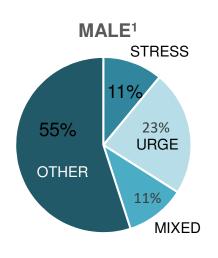
**GFI Forum 2018** 

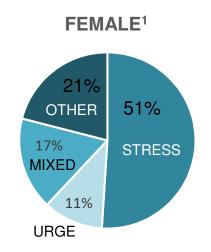
1. Milsom et al. Epidemiology of Urinary Incontinence (UI) and other Lower Urinary Tract Symptoms (LUTS), Pelvic Organ Prolapse (POP) and Anal (AI) Incontinence. *In:* Incontinence, Editors Abrams, Cardozo, Wagg and Wein, 2017.

## OF INCONTINENCE?







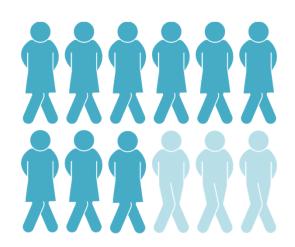


Faecal Incontinence<sup>2</sup> occurs in up to 6% of those under 40 and 15% of older people.

Combined Faecal <u>and</u> Urinary Incontinence<sup>2</sup> affects around 10% of women and 6–10% of men living in the community, increasing to almost 50% in nursing home residents.

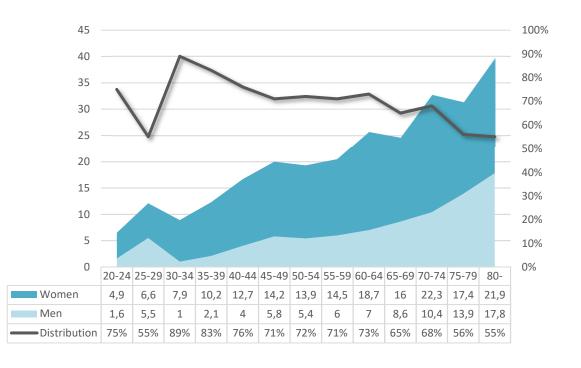
## INCONTINENT POPULATION AGE AND SEX





3 TIMES MORE WOMEN

NOTE: Difference reduces with age.



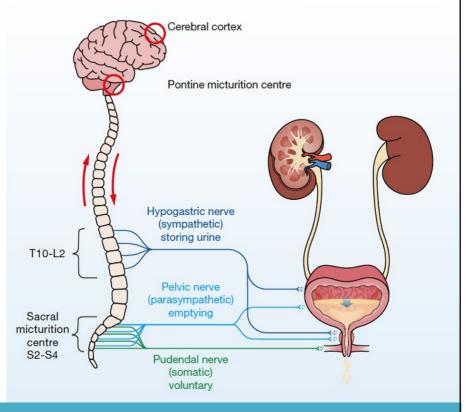
**GFI Forum 2018** 

Irwin et al. BJU Int. 2011 Oct;108(7):1132-8

### D5 PATHOLOGICAL REASONS FOR INCONTINENCE?



- Bladder and bowel dysfunction
- Neurological disorders
- 3 Functional incontinence



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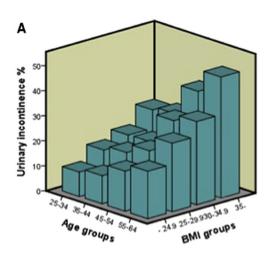
Incontinence. Editors Abrams, Cardozo, Wagg and Wein 2017

## RISKFACTORS<sup>1</sup> FOR INCONTINENCE?

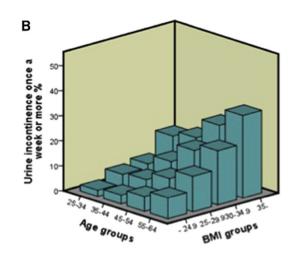


- ✓ Age
- ✓ Obesity
- ✓ Parity, pregnancy and mode of delivery
- √ Hysterectomy
- ✓ Ethnicity and race
- ✓ Mobility
- ✓ Diabetes
- ✓ Dementia
- Menopausal replacement therapy
- ✓ LUTS and infections
- ✓ Comorbidities

#### Prevalence and severity of UI stratified for age and BMI<sup>2</sup>







Leakage once a week or more often

1. Milsom et al. Epidemiology of Urinary Incontinence (UI) and other Lower Urinary Tract Symptoms (LUTS), Pelvic Organ Prolapse (POP) and Anal (AI) Incontinence. In:

Incontinence, Editors Abrams, Cardozo, Wagg and Wein, 2017. 2. Al-Mukhtar Othman et al. Am J Obstet Gynecol. 2017 Feb;216(2):149.e1-149.e11.

### 07 SEVERITY UI?



#### **SEVERITY INDEX**<sup>1</sup>

Q2	3	З	6	8	12
	2	2	4	6	8
	1	1	2	3	4
		1	2	3	4
	Q1				

### Based on multiplikation of Q1 and Q2

#### **FOUR LEVEL INDEX**

1-2 = slight

3-6 = moderate

8-9 = severe

12 = very severe

### Q1. How often do you experience urinary leakage?

- 1. Less than once a month
- 2. A few times a month
- 3. A few times a week
- 4. Every day and/or night

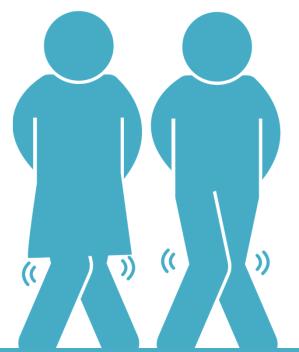
### Q2. How much urine do you lose each time?

- 1. Drops
- 2. Small splashes
- 3. More

## O8 HOW MANY MANAGE UI DAILY?



3 out of 4 manage UI daily



Over **50%** NOT being treated

#### NOT seeking help because of:

- misinterpretation of symptoms
- misbelieves
- unawareness
- shame

Many of those who **received treatment** are NOT cured

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1. Milsom et al. Epidemiology of Urinary Incontinence (UI) and other Lower Urinary Tract Symptoms (LUTS),
Pelvic Organ Prolapse (POP) and Anal (AI) Incontinence. In: Incontinence, Editors Abrams, Cardozo, Wagg and Wein, 2017.

### WHERE DO PEOPLE > 65 WITH **DAILY UI LIVE** AND HOW **DO THEY MANAGE?**





**50,4%** independent at home



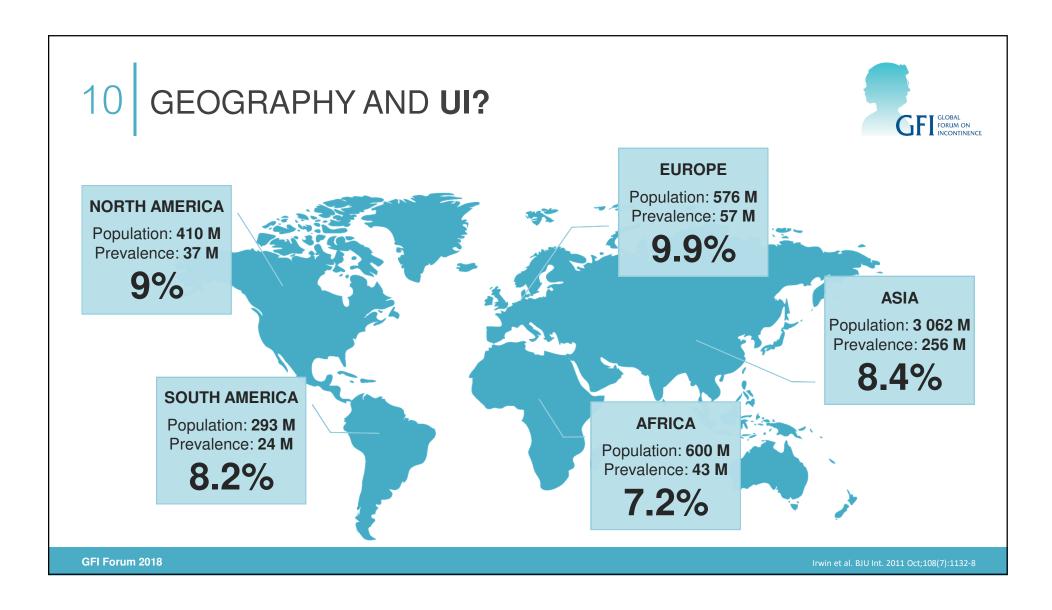
**41,5%** dependent on care of others at home



**8,1%** dependent on care of others in institution

Source: Institutions from OECD data: long term care recipients in institutions, Dependent at home: calculated by using population with severe limitations (from Eurostat) -/- long term care recipients in institutions (OECD), independent: calculated by: total population (from EIU country fact sheet) -/- dependent at home -/- institution.

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### INCONTINENCE IS A HUGE HEALTH CARE PROBLEM!

Driving outcomes in continence care, creating a win-win for patients, carers and health systems is very important given the size of the population afflicted and the diversity of the group.