

Is there a link between impaired mobility and urinary incontinence in elderly, community-dwelling women?

Yes. In this population, impaired mobility is associated with urge but not stress incontinence, according to an observational, cross-sectional study from France.

Fritel X, Lachal L, Cassou B, Fauconnier A, Dargent-Molina P. Mobility impairment is associated with urge but not stress urinary incontinence in community-dwelling older women: results from the Ossébo study [published online ahead of print June 10, 2013]. BJOG. doi:10.1111/1471-0528.12316.

EXPERT COMMENTARY

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Urinary incontinence affects more than one-third of women aged 70 years or older. As the authors of this study point out, urinary incontinence is comparable to other chronic conditions, such as hypertension and diabetes mellitus, in its impact on quality of life, and is a common reason for institutionalization.

The risk of urinary incontinence increases with age. In elderly women, it is often mixed (ie, having both urge- and stress-related components) and associated with functional impairments, including reduced mobility. It is thought that the association between incontinence and functional impairment is related primarily to the urge component:

Women with impaired mobility take longer to reach the toilet, increasing the risk of

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- leakage when the urge to urinate is strong
- Women with urge incontinence may be more likely to limit their activities so that they are always near a toilet.

Cognitive impairment may also play a role, affecting motor skills and bladder control.

To better understand why advancing age is linked with urinary incontinence, Fritel and colleagues studied a population of 1,942 urban-dwelling French women aged 75 to 85 years (mean age, 79.3 years; mean body mass index, 25.9 kg/m²).

WHAT THIS EVIDENCE MEANS FOR PRACTICE

These findings support earlier data suggesting that impaired mobility can promote urge and mixed urinary incontinence. Because there also is a possibility that cerebral deterioration in aging women causes gait and balance problems that increase the likelihood of urge incontinence, the authors advise against the use of anticholinergic agents in elderly women, as these drugs can impair cognitive function. Another take-home message from this French report is that we should counsel elderly patients about the importance of maintaining balance and mobility through exercise, physical therapy, or other strategies.

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Do not prescribe anticholinergic medications to elderly women with urge incontinence because these drugs can impair cognitive function



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Details of the study

Investigators assessed the frequency and quantity of urine leaks, the impact of urinary incontinence on daily life, and the participants' mobility and balance. Data on urinary incontinence were collected via a self-administered questionnaire (the International Consultation on Incontinence Questionnaire–Short Form). Motor-related physical function was assessed using standardized balance and gait tests.

Urinary incontinence was reported by 42% of participants. Of these women, 57% reported daily urine leakage, with mixed incontinence found to be more prevalent than urge incontinence, which was more prevalent than stress incontinence. Overall, women with urinary incontinence reported that its impact on daily life was mild. Among those with mixed or urge incontinence, limitations in mobility and balance were correlated significantly with the severity of incontinence. ②