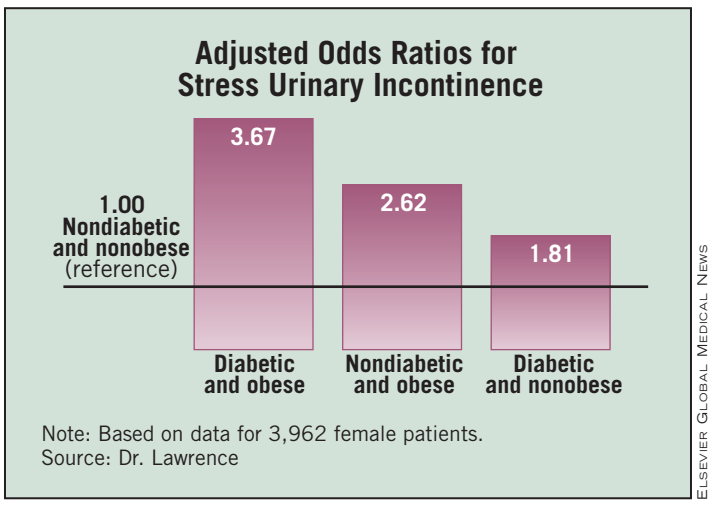

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Urinary Incontinence Risk Higher In Women With Obesity, Diabetes

BY MIRIAM E. TUCKER
Senior Writer

AMSTERDAM — Women who are obese, have diabetes, or both should be asked about symptoms of urinary incontinence and other pelvic floor disorders.

That is the take-home message from two recent studies, one presented in a poster at the annual meeting of the European Association for the Study of Diabetes (EASD) and the other published in the journal Diabetes Care. Both studies—one a case-control study from a group in Turkey, the other a cross-sectional analysis from the Kaiser Permanente database—demonstrated that urinary incontinence (UI) is more common in women with diabetes than among those without, but that a large measure of that association may be explained by obesity.

Dr. Pinar Topsever, of the department of family medicine at Kocaeli (Turkey) University, presented data from 954 women seen in her primary care setting, of whom 344 had diabetes (the majority with type 2). The women with diabetes were older (49.3 vs. 32.3 years), more overweight (body mass index 27.9 vs. 24.9 kg/m^2), had more previous pregnancies (3.1 vs. 2.0), and had more deliveries (2.8 vs. 1.8).

When asked by questionnaire if they experienced "any kind of urinary leakage," a total of 42% of the women with diabetes responded affirmatively, a "striking figure," compared with the 14% of controls, Dr. Topsever said during her presentation at the EASD meeting.

After adjustment for confounders such as age, reproductive history, diabetes complications, and other comorbidities, the odds ratio for having UI among the diabetic women remained a significant 2.9. Other independent predictors of UI were body mass index (BMI) greater than 22.5 kg/m^2 (OR 1.1), and a history of more than one pregnancy (OR 1.6).

Findings were similar from a study of 3,962 female health plan participants surveyed by Jean M. Lawrence, Sc.D., M.P.H., of Kaiser Permanente Southern California, Pasadena, and her associates (Diabetes Care 2007;30:2536-41).

Just as with the Turkish study population, the 393 women with diabetes (10%) were significantly older than the rest of the group (64.4 vs. 55.8 years), had higher BMIs (32.1 vs. 26.9), and were more parous (2.6 vs. 2.1 deliveries). They also were more likely to have had a hysterectomy (37.9% vs. 26.9%), and to be black (13.4% vs. 9.2%). More than half (56%) of the women with diabetes were obese (BMI of 30 or greater).

On the Epidemiology of Prolapse and Incontinence Questionnaire, which assesses a variety of pelvic floor disorders (Int. Urogynecol. J. Pelvic Floor Dysfunct. 2005:16:272-84), overall prevalences were 15% with stress urinary incontinence, 13% with overactive bladder, 25% with anal incontinence, and 35% reporting any of those four pelvic floor disorders (PFDs).

Diabetes and obesity both strongly predicted each and all of the PFDs, but obesity was a stronger predictor for each. Compared with women who were neither obese nor diabetic—and after adjustment for a long list of confounding factors including age, race/ethnicity, mode of delivery, parity, hormone use, menopause status, smoking status, and neurologic disease—the odds ratios for having stress urinary incontinence was 3.67 for those who were both obese and diabetic, 2.62 for obese nondiabetic women, and 1.81 for nonobese diabetic women. For having any PFD, those adjusted odds ratios were 2.62, 1.83, and 1.32, respectively. ■

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