Lifestyle, Not Delivery, Risk Factor for Female Incontinence

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Montreal — Female urinary and fecal incontinence is associated with lifestyle, according to a recent longitudinal study.

"Body mass index, smoking, and hormone replacement therapy remain bad news for the pelvic floor," said Kaven Baessler, M.D., who conducted the study at Royal Women's Hospital in Brisbane, Australia.

Speaking at the annual meeting of the International Continence Society, Dr. Baessler, who has since moved to Charité University Hospital in Berlin, said neither age nor mode of delivery was associated with incontinence in her study population of 443 women aged 40-80 years.

"In some studies, age definitely plays a role, but the women in this study were already aged 40 and up—age had taken its toll already when we assessed them," she said in an interview. "Results would be different when more premenopausal and younger women are considered. That vaginal delivery and parity itself plays a role in women aged 30-50 is not a question."

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The data were analyzed based on three delivery modes: women who'd had no births, women with a cesarean delivery, and women who'd had either a spontaneous or instrumental delivery. This analysis showed no association between any of these three categories and incontinence.

The study grouped together women who'd had either a spontaneous or instrumental vaginal delivery. U.S. studies that have looked exclusively at women who've undergone instrumental delivery or episiotomy have shown an association between these procedures and pelvic floor damage, Luis Sanz, M.D., head of the urogynecology and pelvic surgery program at Virginia Hospital Center, Arlington, noted in an interview.

At the meeting Dr. Baessler said, "Many people want to blame something, and vaginal delivery is so easy to blame. Many studies with large numbers have shown that cesarean section increases the risk of incontinence just slightly less than vaginal delivery, so it is pregnancy itself that is the risk factor."

The study randomly sampled women from the list of registered voters and assessed them with an interview, a clinical exam, and a validated pelvic floor function questionnaire. These assessments were repeated a year later.

Urinary and fecal incontinence increased significantly between the two assessments. At baseline, 47% of the population reported stress urinary incontinence (SUI), 30% reported urge urinary incontinence (UUI), and about 11% reported fecal incontinence. An additional 16% of previously asymptomatic women reported SUI, 16% reported UUI, and roughly 7% reported fecal incontinence at the second assessment.

SUI was associated with high body mass index (odds ratio 1.56 for BMI between 25 and 30, and OR 1.8 for BMI over 30) and waist circumference of more than 88 cm (OR 1.6), but not with hormone therapy (HT), smoking, age, or mode of delivery.

Urge incontinence was associated with HT use (OR 2.17), but not with BMI, waist circumference, age, smoking, or mode of delivery.

Fecal incontinence for loose stool was associated with BMI over 30 (OR 2.9) and waist circumference of more than 88 cm (OR 3.64), but not with age, smoking, mode of delivery, or HT use.

Fecal incontinence for formed stool was associated with current smoking (OR 3.57), but not with age, HT, BMI, waist circumference, or mode of delivery.

"Health care providers have to inform and educate their patients about these factors," Dr. Baessler said. "And women should also take greater responsibility for their lifestyle." ■

Irritable Bladder Symptom Risk After TVT Procedure

Montreal — Patients undergoing tension-free vaginal tape procedures for stress urinary incontinence should know that although their quality of life will likely improve after the surgery, about one-fifth of them may experience postoperative irritative bladder symptoms, according to a Dutch expert.

In a study of 307 women undergoing a tension-free vaginal tape (TVT) procedure, 19% reported irritative bladder symptoms post surgery, said Steven Schraffordt, M.D., of the Meander Medical Centre in Amersfoort, the Netherlands.

"All patients showed an improvement in quality of life ... [but] ... no specific [preoperative or operative] factors could be identified for changes in irritative symptoms after TVT," Dr. Schraffordt reported at the annual meeting of the International Continence Society.

Until now, the rate of irritative bladder symptoms after TVT procedures has been difficult to determine because previous studies have not controlled for patients who have undergone concomitant surgery, Dr. Schraffordt said.

His study selected women who were being treated for stress urinary incontinence alone and who had received no previous urogynecologic surgery and were not taking medications for bladder symptoms.

The multicenter prospective study required patients to answer two questionnaires prior to surgery and then again 36 months later. The Urogenital Distress Inventory (UDI-6) measures stress incontinence and irritative and obstructive discomfort, while the Incontinence Impact Questionnaire (IIQ-7) measures the implications of urinary incontinence for normal daily functioning.

Three years post surgery, 59 of the 307 patients (19%) reported irritative symptoms in response to the question: "Do you experience, and if so, how much are you bothered by: frequent urination and leakage related to feelings of urgency?" However, no preoperative or intraoperative differences could be identified between this group and the remaining 248 (81%) patients who reported no irritative symptoms, he said.

Even those patients who reported worsened irritative symptoms had significantly improved quality of life scores on the IIQ-7, with a drop from preoperative score of 50.96 to postoperative score of 23.7.

Patients who did not experience irritative symptoms had a more dramatic quality of life improvement with a preoperative QII-7 score of 59.3 that dropped to a postoperative score of 10.7. A comparison of both groups found a significantly greater improvement in the nonirritative patients, Dr. Schraffordt said.

"It is impossible to predict preoperatively which patient is more at risk for developing irritative symptoms after a TVT," he commented.

"Patients should therefore be informed preoperatively about the risk of developing these symptoms." ■

Consider Cough Test to Diagnose Asymptomatic Pelvic Organ Prolapse

Montreal — A cough is worth a thousand contractions of the pelvic floor muscles, since it can often reveal the otherwise hidden beginnings of pelvic organ prolapse, according to Maryke Slieker-ten Hove of Erasmus Medical Center in Rotterdam, The Netherlands.

Symptoms of pelvic organ prolapse (POP) are present in more than 90% of parous women, but in the remaining asymptomatic group, early and sometimes advanced POP can be detected simply by asking patients to cough, she discovered during her research.

'Physicians will tell women who have a firm contraction that they don't have a pelvic floor muscle problem. But they don't ask them to cough.'

"It's often at a very early stage, there's no leakage, and they are not aware of it—but you can feel that they lose control of their muscles when they cough," she said in an interview.

"Physicians will tell women who have a firm contraction that they don't have a pelvic floor muscle problem. But they don't ask them to cough. Although many women have a very strong muscle, they don't have control when they cough," she said.

In her study, which she presented at the annual meeting of the International Continence Society, Ms. Slieker-ten Hove, who is head of pelvic physiotherapy education at the medical center, randomly selected 653 women from one small town who had agreed to answer questionnaires on urinary and fecal incontinence and quality of life. The women also underwent a physical examination to assess their pelvic floor muscles.

All women who were nulliparous and all those who answered positively on any questions concerning previous or current pelvic floor dysfunction were excluded. This left 51 asymptomatic parous women (about 8% of the original population) for analysis.

The research team then assessed the women for signs of POP, including conscious and unconscious contractions and relaxations of the pelvic floor muscles, as well as counteraction of the muscles during coughing.

Despite being completely asymptomatic, 18 women (35%) had signs of POP that were stage 2 or higher, 23 had signs of stage 1 POP, and only 9 women had no signs of POP.

By detecting these early, asymptomatic signs of POP, physicians might have more success at preventing the development of incontinence, rather than treating it once it becomes evident. "We only do something about incontinence at the end when patients already have complaints. We should be preventive [by] giving them information about protecting their pelvic floor," she said. ■

AHRQ Brochure: After a Diagnosis

The Agency for Healthcare Research and Quality has released a brochure to help patients following the diagnosis of an illness. "Next Steps After Your Diagnosis: Finding Information and Support" includes a list of 10 questions that patients should ask their physicians. It is available at www.ahrq.gov/consumer/diaginfo.htm. The document is also available in Spanish.