Pelvic floor dysfunction in the female: breaking the silence.
Global burden overview

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- 55 years old
- Medical visitor
- Travel often

- Fitness
- 4-year-old grandson
- Walk and meet new places
- Frequency of voids: every 1h-2h
- Moderate to severe urgency
- Urge incontinence
- Nighttime voids: 2-3
Urinary incontinence when:

- Coughs
- Sneezes
- Run after her grandson
- Exercising in the gym
Pelvic floor dysfunction prevalence


A total of 7,924 non-pregnant women (aged 20 years or older)

25% of U.S. women reported one or more pelvic floor disorder

- **Urinary incontinence** was the most common disorder, with a combined prevalence of **17.1%**

- **Fecal incontinence**: 9.4%

- **Prolapse**: 2.9%
Pelvic floor dysfunction prevalence

Pelvic floor dysfunction prevalence

Suffer from at least one symptomatic disorder:

40% of women aged 60–79

53% of women >80

Factors associated with a higher prevalence of each pelvic floor disorder.

- Increasing Body Mass Index (BMI):
  - Being overweight: OR 1.3
  - Obese: OR 1.6

- A prior hysterectomy

- Greater parity

Urinary incontinence (ICS): complaint of involuntary loss of urine

- **Urge incontinence (UUI)**
- **Stress incontinence (SUI)**
- **Mixed incontinence (MUI)**

UUI is a symptom of the overactive bladder (OAB) syndrome

- Urinary urgency
- Frequency
- Nocturia
- +/- UUI
By 2018, an estimated 2.3 billion individuals will be affected by at least one LUTS (45.8%), 546 million by OAB (10.9%), 423 million by UI (8.5%)
Global Prevalence of Urinary Incontinence and OAB

SUI: the most common UI type worldwide through 2018 because of its high prevalence in women (6.1% vs 0.53% in 2018). Worldwide numbers of stress UI are projected to increase to 167 million by 2018 (prevalence 3.3%).

UUI: are expected to increase to 60 million in 2018 (prevalence 1.21%). Numbers of individuals affected by UUI are estimated to be similar in men and women.

MUI: are expected to increase to 66 million in 2018 (1.33%). Mixed UI is predicted to affect more women than men (probably because of the greater occurrence of stress UI in women).

Economic burden of incontinence

The **economic burden of a disease**: total cost of all resources used or lost by patients and society as a result of the disease

Include:

- **Direct costs**: incontinence pads, medical visits, medical treatments, diagnostics, and costs associated with comorbid conditions

- **Indirect costs**: costs from lost productivity due to absenteeism

- **Intangible costs**: costs of pain and suffering

In multinational studies, the annual cost-of-illness estimates for UUI ranged from €2.9 billion (direct costs for five European countries in 2000) to €7.0 billion (direct and indirect costs for Canada and 5 European countries in 2005).
In 2007, the annual per capita cost of OAB was estimated to be $1925 (75% direct medical costs, 22% loss productivity, 4% direct nonmedical costs), which corresponds to...

$65.9 billion for the estimated 34 million individuals with OAB
Economic burden of incontinence in women

Medical resource utilisation and cost of care for women seeking treatment for urinary incontinence in an outpatient setting. Examples from three countries participating in the PURE study:

- Germany and UK/Ireland: higher costs for patients with MUI
- Spain: UUI incurred higher costs
Greatest total cost per patient was observed for Spain (655€), followed by Germany (515€) and UK/Ireland (359€).
In Spain, only depression, skin and urinary tract infections and fractures (all consequences of the UI), amounted to 30.5% of the total cost of health care.

People with UI attend:

- Primary care doctor 3 times
- Specialist 3.7 times

...for each visit made by people healthy
Indirect costs and labor impact

Canada, Germany, Italy, Sweden and Spain

1,434 individuals with some of the mentioned symptoms and 1,434 individuals with the same characteristics without these symptoms

Lost productivity associated with OAB in the US: $14.6 billion

- 25% of individuals with OAB, UI and / or with any other urinary symptom reported overall work impairment due to health (compared to 19% in the case of the general population)

- 20% suffered absenteeism (16% in the case of the general population)

- 23% (15% in the general population) acknowledged impairment at work due to health


Relative influence decreased with age:

- 1º cause of loss of quality of life among < 45 years old
- 3º among people aged 45-64
- 5º among those > 64 years old
Effect of Urinary Incontinence on Quality of Life

Quality of life according to subtype of incontinence:

1º MUI: is associated with a worse quality of life and a higher level of anxiety

2º UUI

3º SUI

The quality of life will be worse...

Libro blanco de la carga socioeconómica de la incontinencia urinaria en España. 2017
Effect of Urinary Incontinence on Mobility

The fear of suffering an episode of incontinence while walking supposes a brake for many patients:

- 1/3 >60 with UI present serious problems or inability to go for a walk
- 12% of patients with osteoarticular problems
- 9% of the healthy female

The risk of accidental falls is another factor that is associated with UI

According to a US study, conducted among women >40 years old, OAB increases by 1.8 times the risk of falls

22% of falls among patients aged >70 years were estimated to result in a fracture

1. Libro blanco de la carga socioeconómica de la incontinencia urinaria en España. 2017
Impact on daily activities

It’s expected that the loss of mobility and lack of sleep (due to the need to get up during hours of sleep to urinate) limit the working life and daily activities and leisure.

Fear to have involuntary leaks...

20%-40% of patients present problems to perform their daily activities and leisure.

- Physical exercise

- Trips
Decrease activity and sexual desire

1/3 dares to tell the doctor
CONCLUSION: Anxiety and depression are prevalent (30.9% and 20.3%, respectively) in a cohort of PFDs. PFDs can explain variance within anxiety and depression complaints. Corrected for other contributing variables, 12% of depression and 7.4% of anxiety was directly related to PFDs. We advocate a multidisciplinary approach, containing psychometric assessment for PFDs in order to obtain better diagnostic results and personalized treatment options.
Prevalence of anxiety and depressive symptoms

**Depression** can adversely affect self-care and may increase the risk of new medical complaints, complication and mortality.

**Anxiety** can amplify symptoms of medical illnesses and may worsen clinical outcomes.

Multidisciplinary approach
Urogynaecologist

Urologist (female urology)

Specialist nurse

Specialist nurse with interest in bowel dysfunction

Colorectal surgeon

Care of the elderly physician

Pelvic floor physiotherapist

Radiologist

Psychologist

Pain specialist

Specialist nurse

NICE guideline
Quick diagnosis
Multidisciplinary approach
Optimize the treatment

Take home messages
Listen
SILENT