

Urinary Incontinence in Community-Living Older Women: Does Socioeconomic Status Affect Help Seeking and Receiving Treatment?

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Introduction

- Prevalence of UI in the community:
 - 11% - 34% for elderly men
 - 17% - 55% for elderly women
- UI is associated with increased risk of morbidities (pressure sores, UTI, etc.), and has impact on social and psychological well-being
- Effective treatments exist

Introduction (cont'd)

- A large percent of incontinent elders do not seek professional advice or treatment.

- Barriers to health care seeking:
 - Misconception that UI is a normal consequence of aging or childbirth
 - Lack of knowledge of treatment options and effectiveness
 - Embarrassment
 - Fear of needing an operation
 - Caregiver's failure to inquire about the problem for patients at risk of UI



Introduction (cont'd)

- Socioeconomic Impact Under-Studied
 - Help seeking: No racial difference found for older women
 - Receiving treatment: ?



Introduction (cont'd)

This Study

- Socioeconomic correlates of older women's
 - UI care seeking behaviors
 - Receipt of UI treatment

- Marital status, income, education, age



Data

- Medicare Health Outcomes Survey (HOS)
 - National survey on Medicare managed care participants
 - Enrolled for at least 6 months
 - Information about demographics, education, income, ADLs, SF-36 score, medical conditions

Data – UI Questions

Q44. Many people experience problems with urinary incontinence, the leakage of urine. In the **last 6 months**, have you accidentally leaked urine?

1 = Yes (Go to Q45)

2 = No (Go to Q48)

Q45. How much of a problem, if any, was the urine leakage for you?

1 = A big problem (Go to Q46) 2 = A small problem (Go to Q46)

3 = Not a problem (Go to Q48)

Q46. Have you talked with your current doctor or other health provider about your urine leakage problem?

1 = Yes (Go to Q47)

2 = No (Go to Q48)

Q47. There are many ways to treat urinary incontinence including bladder training, exercises, medication and surgery. Have you received these or any other treatments for your current urine leakage problem?

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1 = Yes

2 = No

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Analyses

- Multivariate logistic regressions of
 - Whether older women with UI discussed the problem with a health provider
 - Whether those having had such a discussion received treatment
- Generalized estimating equation
- Predicted rates for all women, and by age groups, marital status, education level, income level

Results

Characteristic	Older Women with UI Problem		P-Value
	Consulted a (yes, n=9,565)	health provider (no, n=11,162)	
UI Magnitude, %			0.000
Small Problem	64.6	87.7	
Big Problem	35.4	12.3	
Age Group, %			0.000
65 – 69	11.7	13.8	
70 – 74	25.9	28.3	
75 – 79	25.8	25.1	
80 and over	36.6	32.8	
Married, %	39.7	39.7	0.995
Education Years, %			0.006
0 – 12	27.9	27.4	
12 – 16	61.0	62.7	
16 and over	11.1	9.9	
Annual Household Income, %			0.605
<\$20k	63.5	63.3	
\$20 – \$80k	34.8	34.8	
\$80k and over	1.8	1.9	

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Results of Multivariate Analyses

Older Women	Response 1: Discussing UI Problem	
	Odds Ratio	P-Value
Age Group		
65 – 69	0.83	0.000
70 – 74	0.91	0.015
75 – 79	0.99	0.814
80 and over	Reference	
Married	1.10	0.004
Education Years		
0 – 12	Reference	
12 – 16	1.07	0.065
16 and over	1.29	0.000
Annual Household Income		
<\$20k	Reference	
\$20 – \$80k	1.05	0.191
\$80k and over	0.93	0.541

Results

Older Women Having Discussed the UI Problem with a Doctor

Characteristic	Received	Treatment	P-Value
	yes, n=5,245	no, n=4,320	
UI Magnitude, %			0.000
Small Problem	62.3	67.3	
Big Problem	37.7	32.7	

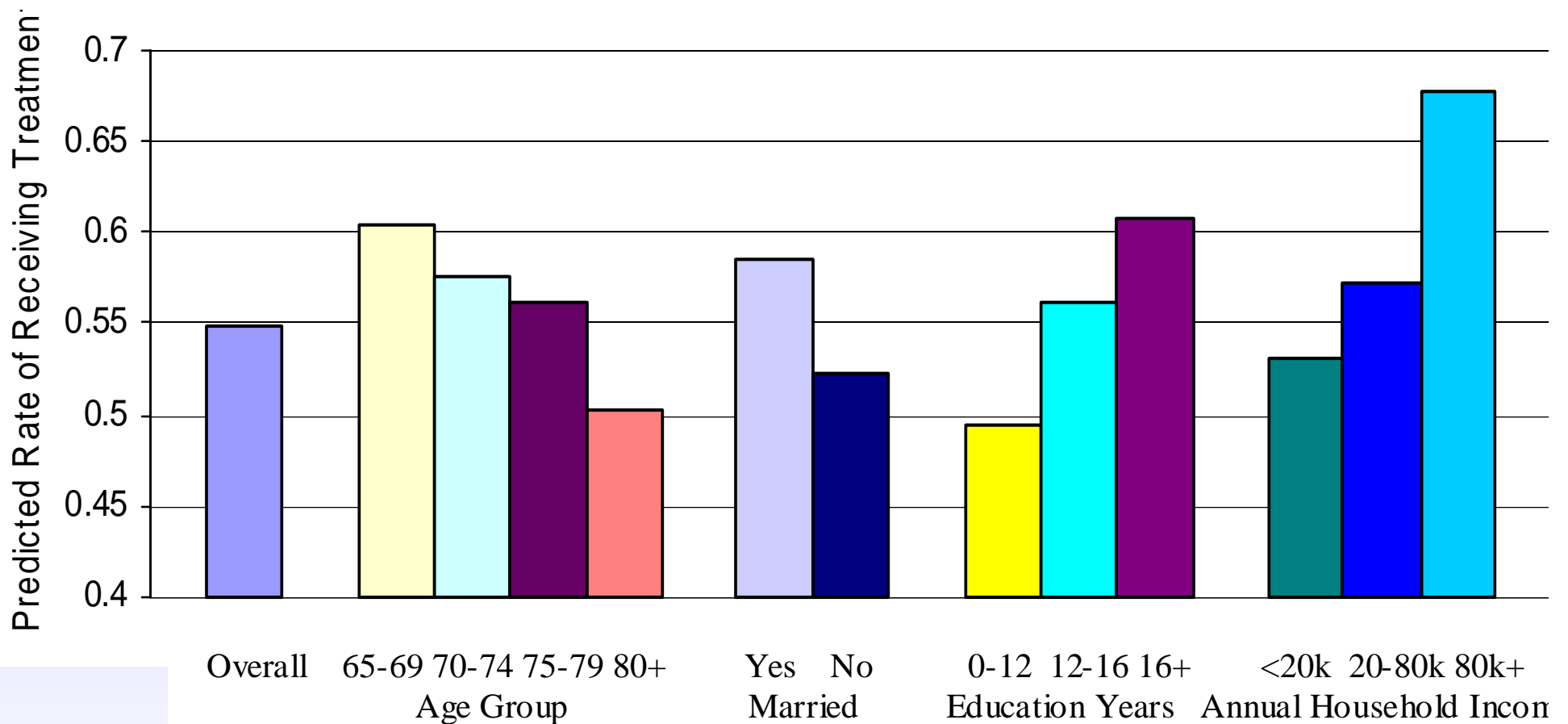


Figure 2. Predicted Rate of Receiving Treatment for Urinary Incontinence (UI) Problem after Discussion with a Healthcare Practitioner by Older Women with UI Problem



Summary of Findings

- Lower rate of help seeking in older women associated with
 - Younger age
 - Being unmarried
 - Less education

- Lower rate of receiving UI treatment in older women associated with
 - Older age
 - Being unmarried
 - Less education
 - Lower income



Discussion

- Targeted educational intervention among vulnerable older women
 - Continuous access to PCPs ensured?



Discussion

- Socioeconomic bias on the part of primary care provider
 - Lower treatment rate of UI associated with lower education and income
 - Other studies: reduced access to regular mammograms, osteoporosis treatment, and Pap smear screening for the poor



Discussion

- Quality-of-care for older women with UI
 - The overall low rate of UI treatment (55%) indicates quality deficiencies for all patients