World J Urol (2000) 18: 436–438

FREE PAPER

A. Welz-Barth · I. Füsgen · H. J. Melchior

1999 Rerun of the 1996 German Urinary Incontinence Survey: Will doctors ever ask?

Abstract The German Incontinence Relief Society and supporting companies have been conducting numerous urinary incontinence awareness and continuing medical education campaigns. However, comparison of results from an epidemiologic survey involving 6607 over-50-year-old patients in 1996 and a similar investigation among 6481 patients in the same age group in 1999 reveals that German physicians are now even less likely to address this taboo subject, thus withholding appropriate care from incontinent patients. Possible reasons for this alarming development include the financial restraints imposed on German doctors in private practice and a lack of appreciation of the problems associated with incontinence among health policymakers.

In 1996, 347 German physicians were asked to screen consecutively 20 of their over-50-year-old patients for urinary incontinence (UI), even in the absence of a history of suggestive symptoms [4]. Of the 6607 patients surveyed, 56.9% were found to have age-related UI, and 43.1% of UI sufferers had not yet talked to their doctor and consequently were not receiving appropriate care.

This study was supported by a grant from Hoyer-Madaus GmbH + Co. KG, Germany.

A. Welz-Barth (✉)
3. Med. Klinik der Kliniken St. Antonius,
Lehrstuhl für Geriatrie der Universität Witten-Herdecke,
Tönisheiderstrasse 24,
42553 Velbert, Germany

I. Füsgen
Wuppertal Geriatric Hospitals,
Department of Geriatrics, Witten-Herdecke University,
Tönisheiderstrasse 24,
42553 Velbert, Germany

H. J. Melchior
Clinic of Urology, Städt. Kliniken Kassel,
Mönchebergstrasse 41-43,
34125 Kassel, Germany

The German Incontinence Relief Society[1] and supporting companies have been conducting numerous UI awareness and medical education campaigns. GIH is a urologist-led non-profit organization of physicians, nurses, pharmacists, physical therapists, and UI sufferers. Its mission is to advance UI research and management by bringing together experts and expertise from various fields. To determine whether GIH activities have helped to break the UI taboo in day-to-day patient care, we carried out a similar survey among physicians in 1999.

Materials and methods

As in 1996, physicians, who were selected by the drawing of lots, were asked to screen consecutively 20 of their over-50-year-old patients for UI, even in the absence of a history of suggestive symptoms. A total of 6481 patients was screened in 353 primary care practices. As in 1996, SAS Version 6.12 was used for statistical analysis. Categorical variables were described in terms of absolute and relative frequencies. Continuous variables, many of which were categorized for analysis, were described by the usual location and dispersion parameters. After describing the (1996/1999) study population, 1999 survey results were compared with those from 1996.

Education campaigns conducted by GIH and supporting companies were tracked by the GIH Administrative Office or reported by supporting companies. Not included are product-focused promotional activities by individual companies which, while usually also stressing the need to break the taboo, tend to concentrate on the benefits of their products.

Results

There was an across-practice increase in the percentage of patients with UI among survey patients, especially among women. The 1999 survey confirmed that UI incidence is age-related (Figs. 1,2, Table 1).

Analysis of doctor visits and history of UI problems showed that, while the time from onset of loss of bladder

[1] Gesellschaft für Inkontinenzhilfe.

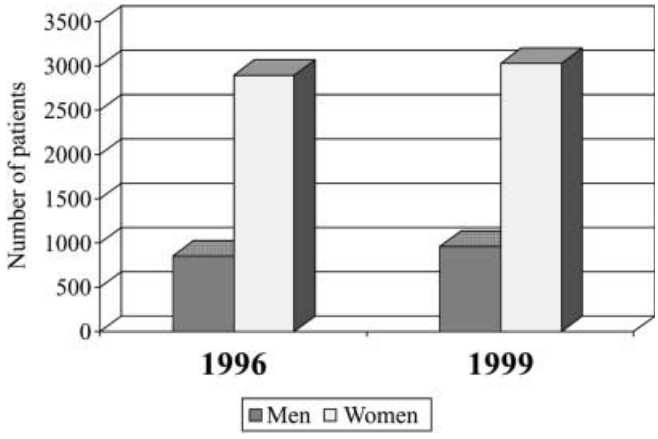

Fig. 1 Percentage of patients with urinary incontinence among survey patients

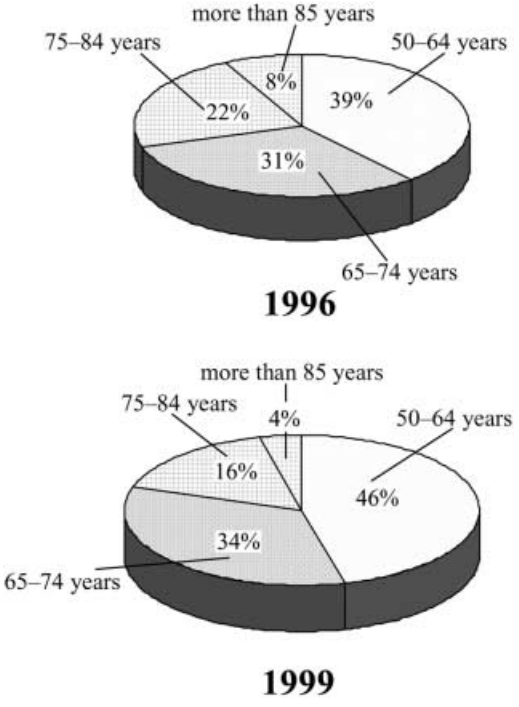

Fig. 2 Distribution by age

control to medical attention declined, there was clearly an increase in UI underdetection and undertreatment (Table 2). As in 1996, the ''hush-hush'' policy was particularly prevalent among younger patients (ages 50–74).

Although prescription orders for drugs and incontinence products showed a slight increase, there was a sharp rise in the percentage of untreated patients between 1996 and 1999 (Table 3). The 1996 survey failed to include ''other interventions'', and pooled antispasmodics, anticholinergic agents, and other drugs under the heading ''urologic antispasmodics'' (multiple answers were possible). In the period 1996–1999, UI awareness and education activities by GIH and supporting companies were determined by the annual reports of 1996–1999, and by conducting a survey among GIH members (Table 4).

Table 1 Distribution by sex and age of over-50-year-old patients with urinary incontinence

Patients	1999		1996	
	n	%	*n*	%
Total	4047[a]	100	3759[b]	100
Sex				
Male	963	23.8	854	22.7
Female	3027	74.8	2893	77.0
Distribution by age (years)				
50–64	1862	46.0	1445	38.4
65–74	1375	34.0	1175	31.3
75–84	655	16.2	833	22.2
85+	155	3.8	284	7.6
Mean age (years)	66.5		68.7	

[a] 62.4% of all over-50-year-old survey patients
[b] 56.9% of all over-50-year-old survey patients

Table 2 Medical attention and history of UI problems (over-50-year-olds with urinary incontinence, *UI*, only)

	1999	1996
Total	4047 (100%)	3759 (100%)
Doctor visit for UI		
No	50.5%	43.1%
Yes	46.3%	55.9%
Not evaluable	3.3%	1.0%
History of UI problems (months)		
Mean	31.8	43.6
Range	0.25–520	0.25–792
No doctor visit for UI		
Men	45.4%	41.6%
Women	52.9%	43.6%
Age groups (years)		
50–64	57.3%	52.5%
65–74	46.5%	42.3%
75–84	38.8%	33.1%
85+	34.2%	28.2%

Table 3 Previous urinary incontinence therapy

	1999	1996
Total	4047 (100%)	3759 (100%)
No prior therapy	51.3%	27.4%
Antispasmodic drug	27.4%	25.3%
Incontinence product	32.0%	30.5%
Self-care	33.4%	31.2%
Other interventions	11.5%	–

Discussion

Physicians don't ask and patients don't tell. This attitude is not confined to Germany, as evidenced by inter-

Table 4 1996–1999 GIH and supporting company UI awareness and education activities

Target groups	Activities
Physicians	25,000 CD-ROMs/yr
Other health professionals	20,000 education brochures/year
Family caregivers	120 symposia and seminars/year
	250 continuing educational events/year
	14 congresses/year
GIH Administrative Office activities per year	
Written inquiries	15,200
Newspaper and magazine articles	340
TV and radio features	49
Mobile information unit	in 24 German towns and cities
One annual convention	

national accounts of the UI underdetection and undertreatment problem [1–3]. However, our 1996 epidemiologic survey among German physicians produced exact figures of the extent of the problem in Germany [4]. Failure to address UI in day-to-day patient care is no doubt due to the combined effect of physician unawareness and patient embarrassment [2].

Massive UI awareness campaigns and continuing medical educational efforts, such as those mounted by GIH and supporting companies, would be expected to break the taboo – and succeed in getting people to talk and doctors to ask.

Unfortunately, our survey shows that, despite all those campaigns and programs – not even counting promotional activities conducted by drug and incontinence product manufacturers – the taboo is here to stay and, in fact, has increased. This reluctance to address the UI problem would therefore seem to be due to factors that outweigh all efforts at education and the dissemination of information.

Assuming that sociocultural factors, which no doubt have an impact on UI, have remained essentially unchanged over the 3-year period between the two surveys, the observed changes can be explained only by the impact of health policy decisions. German health care policy has become increasingly restrictive in recent years, putting caps on what physicians may spend on diagnostic procedures and prescription orders. In fact, doctors in private practice are already having a hard time making both ends meet on ever dwindling budgets. It therefore comes as no surprise that they tend not to add yet other, hitherto overlooked health problems to their diagnostic and therapeutic programs.Furthermore, UI management is definitely not on the list of priorities of German health policymakers, and this stance is bound to have repercussions on the quality of primary care, as evidenced by the ongoing squabble over the reimbursability of urologicals.

Unless UI is openly addressed by physicians – which it will not be if efforts along these lines continue to be thwarted by restrictive health care policies – UI, with all its major attendant psychosocial problems for the individual patient and society as a whole, will remain a taboo subject of mounting concern in this country.

References

1. Cohen SJ, Robinson D, Dugan E, Howard G, Suggs PK, Pearce KF, Carroll DD, McGann P, Preisser J (1999) Communication between older adults and their physicians about urinary incontinence. J Gerontol A Biol Sci Med Sci 54(1): M34–37
2. Prosser S, Dobbs F (1997) Case-finding incontinence in the over-75 s. Br J Gen Pract 47(421): 498–500
3. Teasdale TA, Taffet GE, Luchi RJ, Adam E (1988) Urinary incontinence in a community-residing elderly population. J Am Geriatr Soc 36(7): 600–606
4. Welz-Barth A, Füsgen I (1998) Tabu-Erkrankung Harninkontinenz. Ergebnisse einer Praxiserhebung. Geriat Forsch 3: 143–148