

Prevalence of Overactive Bladder Symptoms, Stress Incontinence and Associated Bother in Women Aged 40 and Above: A Belgian Epidemiological Survey

Introduction and Objective: Overactive bladder can present in various severities and degrees of bother, determining treatment need. Patients often postpone seeking help and are not routinely screened. This may contribute to variations in prevalence estimates. To assess the extent of bladder control problems and associated bother in the Belgian female population, an epidemiological survey was performed in the primary care setting.

Material and Methods: Data were prospectively collected by general practitioners (GP) among women ≥ 40 years visiting for any reason within February - May 2011. The validated Bladder Control Self-Assessment Questionnaire (B-SAQ) complemented with questions about stress incontinence (SUI) and overall bladder bother were used. Presence of bladder control symptoms (BCS) was defined as an overall B-SAQ symptom score of ≥ 4 or bother score of ≥ 1 . The overall/item scores for symptoms and bother, symptom and bother class, presence of urgency and outcome of the additional questions were also assessed.

Results: Data from 7,193 women [mean (SD) age: 61.0 (12.6) years] were analysed: 33.9% had BCS as predefined. Of women, 46.9% reported overall mild symptoms, 34.9% had moderate to (very) significant symptoms and 64.0% were bothered to some extent; 52.3% of women reported urgency. Moderate-severe urgency, frequency or nocturia were present at higher rates than moderate-severe incontinence, although the latter caused proportionally more bother (Figure). Moderate-severe SUI affected 17.7% of women. 16.4% were moderately-largely bothered by their bladder condition in everyday life. All variables correlated positively with age.

Conclusions: In women ≥ 40 years attending a GP for any reason, over 1 in 3 suffer from BCS. Albeit symptoms were largely of mild severity, the bladder caused moderate to large bother in about 1 in 6 women. The high prevalence rate warrants awareness for early diagnosis and calls to differentiate those women with clinically significant symptoms/bother, requiring treatment.

