Published online, 8 December 2004, <u>www.theannals.com</u>, DOI 10.1345/aph.1D491. *The Annals of Pharmacotherapy*: Vol. 39, No. 1, pp. 17-21. DOI 10.1345/aph.1D491 © 2005 Harvey Whitney Books Company. UROLOGY

Undertreatment of Urinary Incontinence in General Practice

Fernie JA Penning-van Beest, PhD

Research Associate, PHARMO Institute, Utrecht, Netherlands

Miriam CJM Sturkenboom, PhD PharmD MsC

Associate Professor of Pharmacoepidemiology, IPCI, Department of Medical

Informatics, Erasmus University Medical Center, Rotterdam, Netherlands

Bart LH Bemelmans, MD PhD

Urologist, Department of Urology, University Medical Center, Nijmegen, Netherlands

Ron MC Herings, PhD

Associate Professor of Pharmacoepidemiology, Utrecht University; Director,

PHARMO Institute, Utrecht

Reprints not available from authors.

BACKGROUND: In the urinary incontinence guidelines that are issued by the Dutch College of General Practitioners, treatment guidelines are related to the type of incontinence. It is unknown whether treatment of urinary incontinence in general practice complies with these guidelines.

OBJECTIVE: To describe treatment patterns and costs of urinary incontinence. METHODS: The source population for this retrospective cohort study included all women aged ≥40 years in the Integrated Primary Care Information general practice research database. Women were included in the final study cohort if they were newly identified as being urinary incontinent during the study period (1998-2000) and had at least one year of follow-up after the first diagnosis/treatment. The type of incontinence, treatment course, and costs of incontinence were assessed during the first year after the subjects' identification. **RESULTS:** The final study cohort comprised 1663 women (mean age 68.5 y). Overall, 71% of newly identified women with urinary incontinence did not receive active treatment within one year after identification. In 13%, the first treatment was bladder training or pelvic floor exercises, and 11% started treatment with a bladder relaxant drug. First treatment was related to the type of incontinence; however, in <50% of the women, the type of incontinence was reported or could be assessed. Absorbent products were used by 66% of the women; 87% of them received no active treatment. The mean direct costs of urinary incontinence over the first year amounted to €392 per woman, of which €200 (51%) for absorbent products.

CONCLUSIONS: Less than one-third of the women with newly identified urinary incontinence were actively treated for their incontinence. Although treatment patterns were in line with guidelines, the high rate of undertreatment points to the need for better patient and physician education.

Key Words: costs, guidelines, treatment, urinary incontinence, women Published online, December 8, 2004. *www.theannals.com*, DOI 10.1345/aph.1D491