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Prevalence of incontinence and incontinence-specific quality of life impairment in women with cystic fibrosis

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Aims: Cystic fibrosis (CF) is the commonest autosomal recessive disorder in Caucasians. With advancing medical technology, the life expectancy has more than double in the last twenty years. This has led to new unforeseen health problems like urinary incontinence. The aim was to establish the prevalence, symptomatic typology, and quality of life impact of incontinence in a population of women with CF.

Methods: Women were recruited from two London tertiary referral centres for CF. They were asked to fill in a self-completed anonymous King's Health Questionnaire (KHQ) for assessment of symptoms and quality of life Impairment. Their age was also noted. Descriptive statistics are reported. Correlation was assessed using Pearson's Product Moment Correlation Coefficient (r).

Results: One hundred and forty six women were approached for enrolment. 98(67%) consented to take part in study. Their mean age was 28. Seventy three (74%) reported symptoms of urinary incontinence, which in all cases was perceived as stress urinary incontinence. Of these 44(60%) reported mild stress incontinence, 16(22%) moderate stress incontinence and 13(18%) severe stress incontinence. Continent and incontinent women perceived their general health to be similarly poor (mean score 40 vs. 44 points). Strong positive correlations were found between age and stress urinary incontinence severity ($r = 0.742$; $P < 0.001$) and between age and total King's Health Questionnaire score ($r = 0.828$; $P < 0.001$).

Conclusions: Women with CF have a higher prevalence of stress urinary incontinence than the general population, with both the prevalence and associated quality of life impairment increasing with age.

Editorial Comment

Modern medicine has been able to alter the natural course of many diseases including that of cystic fibrosis. The authors note the benefit of an increased life expectancy for this patient population has brought about an associated higher prevalence for urinary incontinence and subsequent affectations on the quality of life. The report identifies the urinary incontinence as primarily stress as opposed to urge. The discussion section identified that the magnified respiratory symptoms associated with the disease may be the contributing factor to the increased incidence of urinary incontinence. The increased association of stress urinary incontinence in a population of females that challenge the pelvic floor (though perhaps not secondary to coughing), elite athletes, has been previously noted (1). That the patients with cystic fibrosis experienced an adverse effect on their quality of life parallels the findings by other authors when reviewing psychological and somatic status in patients with bronchial asthma (2).

References

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