INCIDENCE OF URINARY INCONTINENCE IN MALES.

Shweta Kulkarni [1], Payal Mhatre2*, Ujwal Yeole3, Rasika Panse4,Gaurai Gharote5, Pournima Pawar6
1,4,5,6;Assistant professor,3.Principal;2.Final yr. Student; Department of physiotherapy, Tilak Maharashtra Vidyapeeth pune.
Corresponding author;
Dr. Shweta Kulkarni
Assistant professor;
Department of physiotherapy, Tilak Maharashtra Vidyapeeth, pune.
Contact no: 9021553947 Email Id:coolkarnishweta89@gmail.com

BACKGROUND:
Urinary incontinence is loss of bladder control symptoms can range from mild leaking to uncontrollable wetting. Women and men ration 2:1 of UI because of anatomical differences in pelvic region. Men do suffer from incontinence. Its prevalence in increasing age.
AIM AND OBJECTIVES: To study, the most common age Group with Incontinence and Identify percentage of Incontinence of urine using RUIS.
METHODOLOGY:50 subjects amongst the age ranged from 40 and above age of years .Informed consent was taken and questionnaire were given based on RUIS and interpretations are taken down including BMI and DM.
RESULTS: Incidence of urinary incontinence in males was found were in 43.33% had mild urinary incontinence and 10% had moderate urinary incontinence.
CONCLUSION:There is incidence of urinary incontinence in males.
KEYWORDS: urinary incontinence, males.

Introduction

Urinary incontinence is loss of bladder control.3 it is sometimes grouped with other voiding complaints known collectively as lower urinary tract symptoms (LUTS).Symptoms can range from mild leaking to uncontrollable wetting. Urinary incontinence is at different ages, males, and females have different risks for developing UI. Urinary incontinence (UI) has been defined by the International Continence Society as the involuntary leakage of urine on effort or exertion, sneezing, or coughing. [3]
Urinary incontinence: specifically

urodynamic stress incontinence (USI) and detrusor over activity (DO) quantitatively synthesise the extracted evidence using meta-analysis methods (where possible) or pooling of individual sensitivity and specificity data construct an economic model to examine the cost-effectiveness of simple, commonly used primary care tests identify gaps in the literature prioritise future clinical and research questions.Urodynamic stress incontinence (USI) is the involuntary leakage of urine during increased abdominal pressure in the absence of a detrusor contraction. , several forms of treatment are effective in improving or curing UI, including common physical therapy interventions such as therapeutic exercise, weight training, biofeedback, and electrical stimulation. Depending on individual circumstances, physical therapist management of the patient with incontinence is an important adjunct, or even an alternative, to pharmaceutical or surgical interventions.
varied functions of the male pelvic floor are achieved via coordinated activity that involves the full range of contraction, relaxation, and active lengthening, or stretch, of their fibers.Male pelvic floor muscles are often subdivided into superficial and deeper components, each with particular functions.14 The Male pelvic floor muscles may be described in terms of 3 layers, progressing from superficial (caudal) to deep (cranial) within the pelvic floor.14

Storage and voiding involves complex interactions between the bladder, urethra, urethral sphincter, and nervous system.13 the urinary bladder and urinary sphincter are the principle components of the LUT responsible for urinary storage and voiding. The urinary bladder, with a typical adult capacity of 400 to 500 ml, serves to store or expel urine by way of relaxation or contraction of the detrusor muscle, respectively.13 The urinary sphincter, composed of an internal component, a continuation of detrusor smooth muscle that converges to form a thickened bladder neck controlled by the autonomic nervous system, and a somatically controlled external component (striated muscle), must relax to allow for the contracting bladder to expel its load. Storage of urine is achieved by bladder relaxation and contraction of both the bladder neck (internal urinary sphincter) and the external urinary sphincter. Micturition occurs when the bladder neck and the external urinary sphincter relax and the bladder contracts, allowing for the unobstructed expulsion of urine.13Bladder storage and emptying, as well as coordinated contraction or relaxation of the urinary sphincter, are under the control of the sympathetic, parasympathetic, and somatic nervous system.

Need of study
Urinary incontinence in males is ignored or not treated due to lack of

awareness. Hence this study was conducted to study the awareness and incidence in adult male population.
Aim and objective

Aim

To find out the incidence of urinary incontinence in males.

Objective

To find out the percentage of urinary incontinence.

Material and methodology

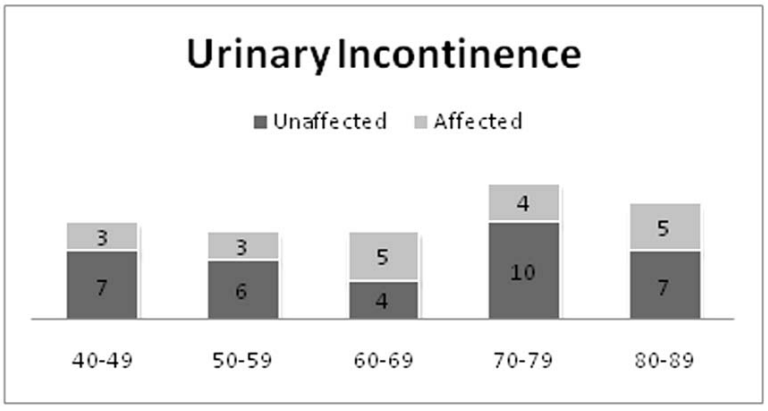
Study design: survey.
Study Setting :Hospitals around pune.
Sample Population : male patients who visited IPD & OPD
Sample Size :50
Sampling method :Random
Inclusion criteria :Male patients Age Group of 40 years & above.
Exclusion criteria : Any orthopaedic and neurological condition which can cause UI.
Materials required :Pen, Notebook.
Outcome measure :Revised Urinary incontinence scale (RUIS).

Procedure

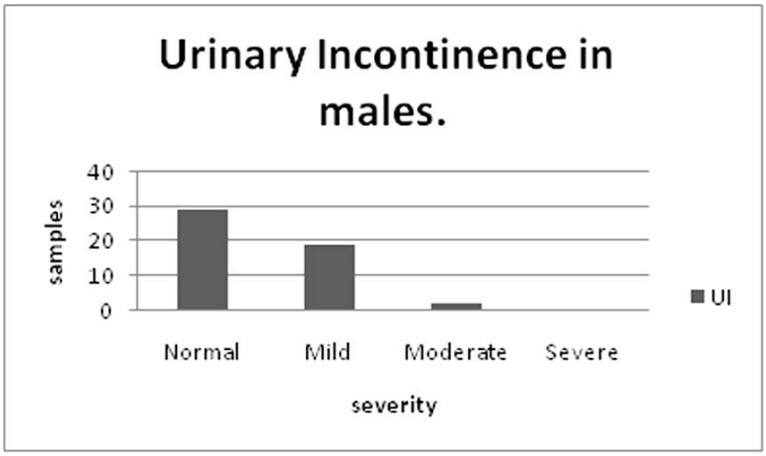
The male patients in hospitals are recited as study sample. The consent form is given to patient. The procedure is explained. The assured and responsibility is taken that the identity is preserved and the aim is explain to the patient.
The RUIS Questionnaires are asked in simple format to patient and Answers are expected to be Yes or NO as per scoring.
The scoring is evaluated based on the interpretation given in the scale.

Result :

The age group of 40-49 has 10 samples with least affection of 3 samples and unaffected of 7 samples of total sample size.50-59 has 9 samples which has the least affection of 3 samples and unaffected of 6 samples.60-69 has 9 samples which has the mild affection of 5 samples and unaffected of 4 samples. 70-79 has larger number of sample in these age group counts of about 14 samples which has the low affection out of 4 samples and unaffected of 10 samples of total. The last group of 80-89 has the average number of sample which has the mild affection of 5 samples and unaffected of 7 samples.
Graph no 2 shows that There is incidence of urinary incontinence in males and it is found that 43.33% of incontinence in older adults. In this study 50 sample population was con-



cluded. And out of which the normal population which found no Urinary incontinence was estimated to be 29 samples. The mild urinary incontinence shows about 19 sample population. The moderate urinary incontinence shows about 2 sample population. The study concluded that there is incidence of urinary incontinence in males.



Discussion

Urinary incontinence is loss of bladder control. Urinary incontinence (UI) is a common complaint in every part of the world. Urinary incontinence commonly co-exists with other comorbid conditions, reduced mobility, and impaired cognition and may require specific interventions, such as assisted toileting. (UI) has been defined by the International Continence Society as the involuntary leakage of urine on effort or exertion, sneezing, or coughing [1] in men this type of incontinence commonly occurs after prostatectomy for benign or malignant disease. Despite improvements in surgical techniques and implementation of minimally invasive procedures, the reported prevalence of post radical prostatectomy.

The purpose of study was to find out the awareness of urinary incontinence and incidence of urinary incontinence in adult male population. The urinary incontinence is mostly neglected or left untreated. The adult male population was considered for study as increasing age can be leading cause of urinary incontinence. The aim was to find out the percentage of urinary incontinence in adult and older adults.The study was conducted as survey method. Study at various hospitals around pune city. The data were collected by questionnaire method to random samples in patients and outpatient department.The Target population was males aged from 40 years and above. Samples that had orthopaedic and neurological condition which caused UI were excluded, such as any surgical cases or neurological involvement, as they are confirmed diagnosed with urinary incontinence or catheterized patients due to immobility of an individual. The collected data were then used to evaluated the percentage of severity with the

scoring given in Revised urinary incontinence scale. The general medical history of individual included the medical history, the body mass index and surgical history. In this study the 50 samples were selected based on the inclusion and exclusion criteria. The exculsion criteria were neurological conditions like stroke, angina etc. diabetes mellitus, and surgery like radical-prostectomy,orthopaedic condition were excluded. The inculsion criteria considered the sampling individuals who has no major illness and visited the opd was regular check-up. The samples were included in the bases of their willingness of self-participation individually. The investigations were done on the bases of validated scales. Results show that there is 43.33% of incidence of urinary incontinence males.

Conclusion

There is 43.33 % of incidence of urinary incontinence in males.

References

1. B. Chancellor, the over activity bladder progression to underactive bladder hypothesis, urol nephrol, hune (2014),pg:1

2. Anaisa C. diokno Maria victoria C. estanol,prevelance of urinary incontinence in community dwelling men:a cross sectional nationwide epidemicological survey,urol published online (2006-2007),pg.1.

3. Tomogiro ueda,nasahiro Tamaki 1, naoki tamaki1,urinary incontinence amongst community dwelling people aged 40 years or older in japan, prevelance and risk factors,international journal of urology, (2000), pg:1,3.

4. Norman j. vetter, urinary incontinence in the elderly at home, the lancet, (1981), pg:2

5. Ireneusz Ostrowski1,Current interventional management of male stress urinary incontinence following urological procedures,Central European Journal of Urology, (Sept. 26, 2015), pg:1,2,4.

6. M.G. Lucas (Chair), D. Bedretdinova,Guidelines on Urinary Incontinence,© European Association of Urology 2015,pg:2,6,23,25,33.

7. Letten 1,Feldkirch atoms - the adjustable system for treatment of male urinary incontinence,ATOMS 2016,Pg:2.

8. JL Martin, KS Williams,Systematic review and evaluation of methods of assessing urinary incontinence,Health Technology Assessment 2006; Vol. 10: No. 6,pg:1,2,8,72.

9. Tuo Deng1, Banghua Liao1,Management for the anterior combined with posterior urethral stricture: a 9-year single centre experience,Int J Clin Exp Med 2015,pg:3922.

10. Catherine S. Bradley,The Questionnaire for Urinary Incontinence Diagnosis (quid):Validity and Responsiveness to Change in Women Undergoing Non-Surgical Therapies for Treatment of Stress Predominant Urinary Incontinence,Neurourol Urodyn.(2010-2011 June),pg:03-05.

11. Litwin MS, Saigal CS,Urologic

disease in America,Interim Compendium(April 2004),pg:115-119.
12. Andrew A. guccione, geriatric physical therapy, second edition,chapter :22 Urinary Incontinence and Impairment of the Pelvic Floor in the Older Adult, copyright 2000,pg 340-345.
13. Sammy E. Elsamra, MD; Pamela Ellsworth,Effects of Analgesic and Anesthetic Medications on Lower Urinary Tract Function,Urol Nurs. 2012;32(2):60-67.
14. Deborah Cohen,The Role of Pelvic Floor Muscles in Male Sexual Dysfunction and Pelvic Pain,Cohen et al,Sex Med Rev 2016;4:53-6.

***