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Commentary

Prevalence of Urinary Incontinence in Older Adults

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DESCRIPTION

Urinary incontinence is divided into 3 categories: Stress, urgency and combination. Stress urinary incontinence refers back to the leakage of urine because of extended intra-abdominal pressure such as exercise cough, because of the poor functional urethra. In connection with the reduction of anatomical support due to trauma, vaginal delivery, weight problems and extended intra-abdominal pressure because of constipation, lifting heavy objects and workout is referred to as urinary excretion with or above the distance after the feeling of excretion, urgent urinary incontinence referred to as if both urgency and stress are present together, it is called a hybrid type.

Urinary incontinence has been identified as a World Health Organization health priority. Urinary incontinence has many physical, intellectual and social outcomes on women's lives; intellectual issues in those people include tension and depression. Physical outcomes encompass pressure sores, sleep disturbances and reduced sleep quality, urinary tract infections, falls and fractures, which can be the main reasons of death in human beings over sixty five.

Urinary incontinence has a great impact on daily and social activities include work, travel, physical exercise and sexual function. Urgent incontinence is more common in nervous system disorders like Parkinson`s, multiple sclerosis, and spinal and pelvic nerve damage. Age-related changes in lower urinary tract include decreased bladder capacity and a feeling of fullness, decreased detrusor muscle contraction rate, decreased pelvic floor muscle strength, and increased residual urine volume.

Urinary incontinence is an important geriatric health problem, and it is linked to frailty syndrome. The prevalence of urinary incontinence among the studied population was 80%. Mixed Urinary incontinence was the most prevalent type. Urinary incontinence was significantly associated with older age, functional impairment, multiparity, osteoarthritis, stroke, vaginal prolapse, and laxative use. Urinary incontinence is prevalent in frail elderly females. Mixed Urinary incontinence, compared with other types, has a significant negative impact on all domains of quality of life. Urinary incontinence is defined by the International Continence Society as any involuntary leakage of urine. It is a common clinical problem, and its incidence increases with age. Urinary incontinence is a common symptom in older people, and previous studies suggest that Urinary incontinence is associated with frailty, whereby the ability of the body to cope with stress and physiological functions decreases.

Normal ageing is not a cause of Urinary incontinence, although age-related changes in lower urinary tract function can predispose older people to Urinary incontinence which is then exacerbated by comorbidities. Urinary incontinence is a major cause of disability and dependency, significantly increasing the risk of care home placement. It also predisposes to career negativity and stress, which itself is a major factor in placement for institutional care.

The Urinary incontinence among the 4 most distressing disorders after angina, difficulty with ambulation, and psychiatric disorders. Urinary incontinence is frequently associated with a negative impact on Quality Of Life (QOL) of the patient, despite not being a life-threatening condition. Urinary incontinence has many physical and psychological effects on the patients, while at the same time; it is associated with an additional financial burden. Evaluation of the effects of urinary symptoms on the Quality Of Life (QOL) is an important issue. Urinary incontinence may lead to shame, loss of self-esteem, and social isolation.

Since incontinence is associated with an increased risk of a global functional impairment, in persons who become incontinent after the age of 65 years, this parameter may be an important early marker for signalling the onset of frailty, and the 4th International Consultation on Incontinence has urged researchers to better understand the correlation between urinary incontinence and frailty.

Evaluating the risk factors is an important component in the assessment of Urinary incontinence in the older adults. In both men and women, increased age, genetics, obesity, and tobacco use are associated factors. In women, multiparity is also associated with urinary incontinence. Screening has the potential to identify urinary incontinence in many women who silently experience its adverse effects but may benefit from appropriate evaluation and treatment. Effective screening may lead to earlier treatment, including behavioural, medical, and surgical interventions, depending on the patient's age and the type and severity of symptoms. Urinary tract infections are more likely to occur in pregnant women. Approximately 90% of pregnant women have ureteral dilation beginning in week 6 and peaks in weeks 22 to

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24, which last until birth (hydronephrosis of pregnancy. Increased urine stasis and ureterovesical reflux are caused by increased bladder capacity and decreased bladder tone, as well as decreased ureteral tone. Furthermore, during pregnancy, the natural increase in plasma volume lowers urine concentration. Glycosuria, which stimulates bacterial development in the urine, affects up to 70% of pregnant women. Increases in urine progestins and oestrogens may impair the lower urinary tract's ability to function.