



Original Article

Help-Seeking Behavior among Older Adults with Urinary Incontinence in Intensive Care Unit

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ABSTRACT

Urinary incontinence is one of the disabling conditions that may cause discomfort and social avoidance and interfere with daily life, general health, and the overall quality of life. Urinary Incontinence affects people of all ages but is particularly common among older adults.

Objective: To find out the tendency of old age people to seek help for Urinary Incontinence and the factors affecting the decision. **Methods:** A descriptive cross-sectional study was conducted in which 164 participants were selected using non-probability convenience sampling. Older adults of both genders between 60 to 85 years with incontinence and admitted to the intensive care unit were included in the study. **Result:** Out of 164 patients, N=61(37.20%) of the older adults had sought treatment and N=103(62.80%) had not sought treatment for urinary incontinence. **Conclusion:** The frequency of older adults in Pakistan who seek help for Urinary Incontinence in Intensive Care Units is low. The most common reason for not seeking help is a lack of knowledge about the available treatment.

INTRODUCTION

The involuntary loss of urine is labeled as Urinary Incontinence by the International Continence Society. It affects a large number of the geriatric population and is one of the most common impairments of old age [1]. In addition to interference with daily routines, overall health, and quality of life Incontinence can be a major cause of low self-esteem and social withdrawal [2]. Population surveys in various countries indicate that the prevalence of UI ranges from about 5% to 70%, with the majority of studies citing a prevalence of UI in the range of 25% to 45%. Since the prevalence of UI is closely correlated with people's age, the overall prevalence of UI is expected to increase over time as life expectancy increases [3]. It is reported that poor hygiene raises the risk of bladder infection, and there is a

greater incidence of urinary incontinence among uneducated individuals or unaware people [4]. Urinary incontinence serves as a genuine determinant of survival among hospitalized individuals, resulting in significant implications for both morbidity and quality of life [1, 5]. There are four main types of urinary incontinence usually associated with lower urinary tract dysfunction which are urge, stress, mixed, and incomplete voiding urinary incontinence [1]. Incontinence may also play a decisive role in institutionalizing older people due to possible rejection by relatives [6]. The objective of intensive care is to preserve and maintain vital physiological functions in individuals with severe critical pathologies, thereby aiming to minimize mortality [7]. An acute care hospital could offer

medical professionals a valuable chance to undertake appropriate diagnostic evaluations to address the overlooked issue of urinary incontinence [8]. According to a study on old age patients admitted to intensive care units it was concluded that the geriatric population developed more syndromes during their stay [9]. The treatment options for mixed Urinary Incontinence vary from conservative to surgical including medications, pelvic floor strengthening, and behavior therapy [10]. Age-related health problems can only be perpetuated by treatment-seeking behavior which is the act of actively seeking help from a healthcare provider or a trusted member of the community and includes understanding, guidance, treatment, and general support [11]. The decision to seek help is frequently influenced by beliefs and knowledge of the condition and available treatment options [12]. It is important to treat this physically disabling condition because if the physical health and function of older people are maintained they will be able to perform integrated functional tasks such as daily household chores, social obligations, and leisure pursuits [13]. Worldwide studies have been conducted on help-seeking behavior for urinary incontinence but older people in Pakistan are underreported in the literature [14].

Our study aimed to find out the tendency of old age people to seek help for urinary incontinence and the factors affecting the decision.

METHODS

This observational study was conducted at multiple intensive care units of tertiary care hospitals in Lahore, Pakistan. The study was conducted from July 2022 to December 2022 after ethical approval from the ethical review committee of Lahore College of Physical Therapy Ref# DPT/ERB/02 obtained on 23/04/2022. Informed consent was taken from participants before the study. The confidentiality of the participant's data was ensured. The dignity of research participants was prioritized and no harm was subjected to participants. The Sample size was calculated using the WHO calculator (Estimating a population proportion with specified absolute precision): $n = (z)^2 \frac{1-a}{2P(1-P)(d)^2}$ Where; n = the sample size, (z) $21-a/2$ = the confidence level, P = the anticipated population proportion d = the absolute precision required $n = (1.95)^2 * 0.3(0.7)(0.7)^2$, $n = 164$. Non-probability convenience sampling technique was used to collect the data. The old age patients between the ages 60 to 85 years, Glasgow coma scale (GCS) score of 10 or higher, and with any type of urinary incontinence (stress, urge, or both) were included in the study. The patients with diagnosed Urinary tract infections, cognitive loss or any psychiatric disease were excluded from the study. Older Adults with Incontinence were assessed through the help-seeking behavior survey

questionnaire. Questionnaires were extracted and validated from previously published relevant articles. The questionnaire consists of help-seeking behavior-based questions including reasons for seeking help for urinary incontinence, the source of help, and the treatment offered. They were also inquired about the barriers to seeking help for their problem. Participants gave informed consent before participating in the study. Questionnaires were distributed to participants who met the inclusion criteria and respondents were given sufficient time to answer the questions. Data were analyzed using SPSS version 26.0 (Statistical Package for Social Sciences). The numeric score was represented in the form of mean and standard deviation. Categorical data were represented in the form of frequency tables and histograms.

RESULTS

A total of 169 participants were enrolled in the study. The participants were aged between 60-85 years with a mean of 74.72 and a standard deviation of 6.7463. Total number of participants was $n=164$ where $n=52$ (31.7%) were males and $n=112$ (68%) were females. Out of 164 participants, $n=61$ (37.20%) of the older adults sought treatment and $n=103$ (62.80%) did not seek treatment (Table 1).

Table 1: Demographic Variables of Participants

Variables	Frequency (%)
Male	52 (31.7)
Female	112 (68.3)
Total	164 (100.0)
Sought Treatment	61 (37.20)
Did Not Seek Treatment	103 (62.80)

Out of 164 participants, $n=103$ (62.80%) had not sought treatment $n=26$ (15.9%) of the participants were unaware of the treatment availability and $n=12$ (7.3%) of the participants were managing their leakage problem on their own. $n=15$ (9.1%) believed that it was normal part of aging, 11 (6.7%) were embarrassed to ask for help. For some patients it was hard to afford that 3 (1.8%) and for others their other health problems were more serious 4 (2%). Some believed that it would get better on their own 4 (2%) while others didn't want to get it examined (Table 2).

Table 2: Reasons for Not Seeking Help

Variables	Frequency (%)
Not Applicable	61 (37.2)
The Belief That It is a Normal Part of Aging	15 (9.1)
The Belief That It is Normal after Childbirth	8 (4.9)
Self-Management	12 (7.3)
Unaware of the Treatment for This Problem	26 (15.9)
Embarrassed to Ask for Help	11 (6.7)
The Problem is Not Serious Enough to Ask for Help	4 (2.4)
Other Health Problems Are More Serious or Important	3 (1.8)
Fear of Having a Vaginal Examination	4 (2.4)

Fear of Surgical Procedure	1(0.6)
Fear of Lifetime Medication	2(1.2)
Fear of Complications Due to Treatment	2(1.2)
The Doctor Never Asked about It	1(0.6)
Hesitation to Get Examined by Male Doctors	1(0.6)
Unaffordability	3(1.8)
Unable to Travel to Seek Treatment	3(1.8)
Hope It Will Get Better on Its Own	4(2.4)
The Problem is Incurable	2(1.2)
Total	164(100.0)

Out of 164 participants, N=61(37.20%) of the older adults had sought treatment in which n=16 (9.8%) of the participants sought treatment because it was stopping them from socializing, and n=13 (7.9%) of the participants sought treatment because it was getting severe (Table 3).

Table 3: Reasons for Seeking Help

Reasons	Frequency (%)
Not Applicable	103(62.8)
It is Becoming Worse	13(7.9)
It is Due to Some Severe Ailment	8(4.9)
It is Irritating	12(7.3)
It is Stopping Me from Socializing	16(9.8)
It is Affecting my Housework	5(3.0)
Others	7(4.3)
Total	164(100.0)

N=61(37.20%) of the older adults had sought treatment and n=37 (22%) of the participants were offered medications for the leakage problem. 61 (37.20%) older adults had sought treatment of which 56 (34.1%) tried the treatment and 5 (3.0%) patients did not try the treatment. Out of 61 (37.20%) older adults who had sought treatment 46 (28%) reported that treatment was helpful and 15(9.1%) reported that treatment was not helpful.

DISCUSSION

This study analyzed 169 old-age patients suffering from urinary incontinence with a mean age of 74.72 and a standard deviation of 6.746. The most common reason for no help-seeking behavior was unawareness of the treatment options. This is in contrast with existing literature, where stigma related to incontinence was one key factor for not seeking help [15]. More specifically female patients were reluctant to report their problems to male doctors [16]. Another common reason for reluctance to seek help was self-management of the problem [17]. In a cross-sectional study on women with stress urinary incontinence, it was found that SUI is a frequent gynecological issue that receives little attention and is poorly managed. In the said study 400 women over the age of 20 were interviewed who were undergoing treatment for non-urinary diseases in the outpatient department of a tertiary care hospital. The study concluded that

Community-based education might enhance the standard of living for people who are impacted by Urinary Incontinence [18]. In a study of 385 participants with lower urinary tract infections; it was found that half of the patients had not sought medical attention. In this study, it was concluded that the prevalence of urinary incontinence among hospitalized individuals is high but only 41.8% had consulted a doctor for medical help [19]. The results of this study are in accordance with our study where old age patients with mild to moderate urinary incontinence symptoms were reluctant to seek help. In a longitudinal study including 90,000 participants with a mean age of 49–91 years suffering from incontinence and related issues it was found that only 34% of females have discussed their symptoms with any clinician and older women are more reluctant to ask for help as compared to young females (OR = 0.81, 95% CI 0.73–0.89) [20]. In another longitudinal study on aging out of 750 old age individuals 40% of participants did not report symptoms to any healthcare professional. According to the study's findings, underreporting was associated with female sex, taking < 5 medications, and less severe symptoms. Patients are less likely to seek treatment if they believe their incontinence is not particularly serious or upsetting and if they are unaware of its causes and available treatments [21]. The results of this study support our findings where the majority of patients didn't seek help due to said reasons. A significant number of older individuals with urinary incontinence reportedly sought assistance, which aligns with previous research. According to the literature, there is a greater tendency in older women to seek treatment due to concerns about further complications. It is noteworthy that the majority of women sought help due to a negative impact on their quality of life [22]. Urinary Incontinence is a very common problem among older adults in Intensive care units, so awareness about the problem, help-seeking behavior, and specific diagnosis and treatment will help in their recovery and improvement in quality of life. The present study did not investigate the impact of cultural and racial beliefs on the help-seeking behavior of older adults with urinary incontinence. The study only includes the participants from one city in Pakistan so generalizability is limited. Only older adults with Urinary incontinence were assessed, the treatment-seeking behavior among patients with fecal incontinence was not assessed.

CONCLUSIONS

The percentage of older adults in Pakistan who seek help for Urinary Incontinence in Intensive Care Units is low. One of the primary factors contributing to individuals not seeking assistance is their limited awareness of the treatment options that are accessible. People sought help when the condition got worse and hindered their social life.

Conservative treatment such as medicine and physical therapy was helpful for the majority of older adults.

Authors Contribution

Conceptualization: TS, SA, AM

Methodology: AM

Formal analysis: TS, AM

Writing, review and editing: SA, HMA

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

The authors declare no conflict of interest.

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