

Geographic Patterns of Urinary Incontinence Type and Treatment

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Introduction/Objective

Objective: **Identify regional differences in UI to inform interventions addressing inequities in access to care.**

Background

- Urinary incontinence is common and includes different symptom types with many treatment approaches
- Geographic differences may contribute to variation in treatment
- U.S. regional patterns of urinary incontinence type and treatment remain poorly understood**

Materials and Methods

- Cross-sectional study from February-March 2025
- Inclusion criteria: **Women over 35, with a diagnosis of UI in their electronic health record**
- Exclusion criteria: **Asymptomatic per ICIQ-SF*****
- Survey delivered at time of check-in
- Included Incontinence Questionnaire Short Form (ICIQ-SF), questions on UI type and treatment
- Analysis: chi-square, ANOVA, multivariate logistic regressions adjusting for age, race, ethnicity

Results

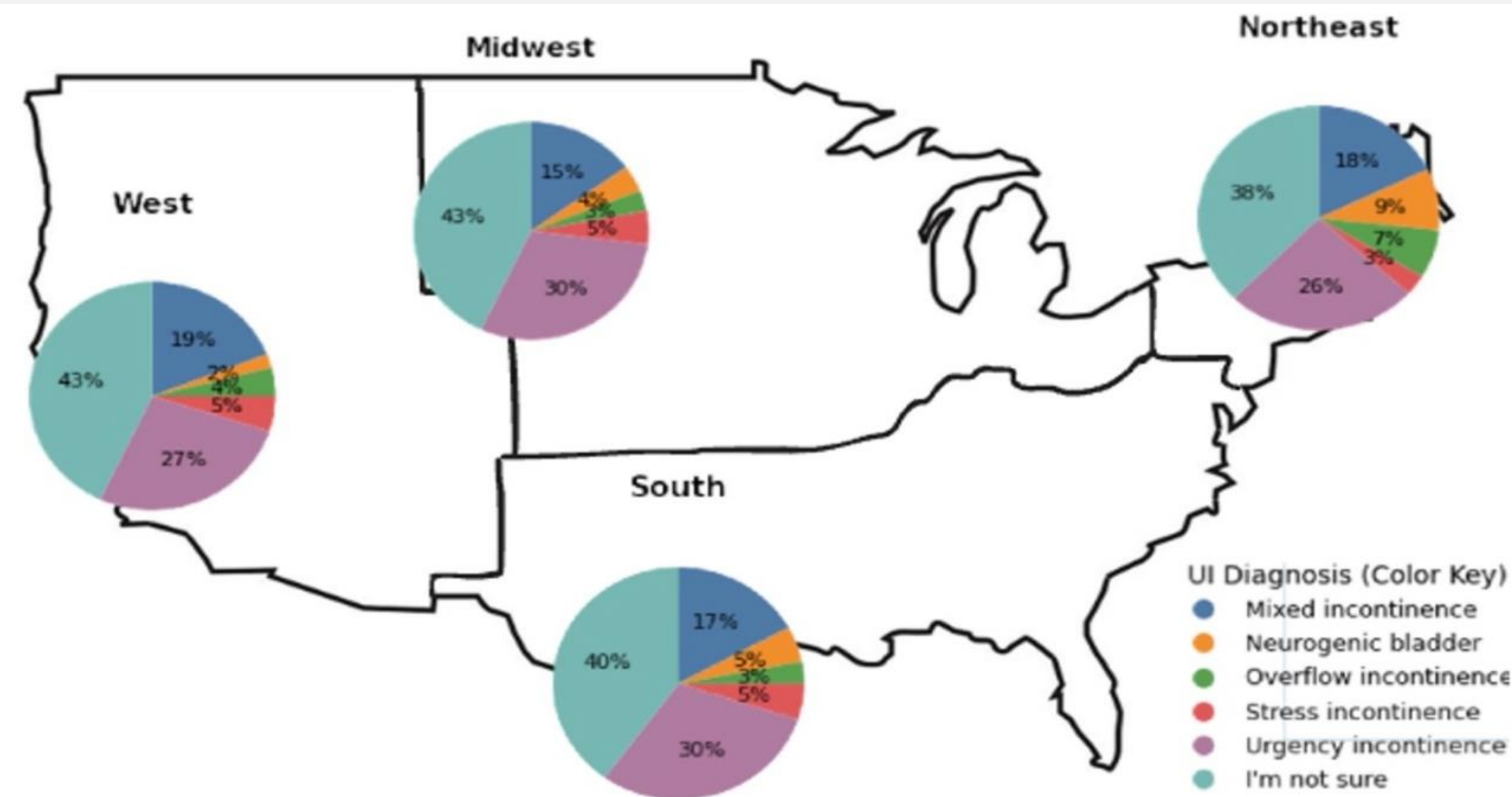


Figure 1. Representation of respondents answers to the following question: "What type of incontinence do you have?", separated by U.S. census region.

Treatment type	Midwest, n (%)	Northeast, n (%)	South, n (%)	West, n (%)	P value
Absorbent products	115 (67.3%)	62 (65.3%)	563 (67.9%)	166 (66.9%)	0.956
Oral medications	99 (57.9%)	54 (56.8%)	420 (50.7%)	120 (48.4%)	0.166
Lifestyle changes	29 (17.0%)	22 (23.2%)	118 (14.2%)	40 (16.1%)	0.133
Non-invasive therapies	21 (12.3%)	11 (11.6%)	86 (10.4%)	35 (14.1%)	0.422
Topical medications	7 (4.1%)	2 (2.1%)	46 (5.5%)	29 (11.7%)	0.001
Minimally invasive therapies	9 (5.3%)	5 (5.3%)	48 (5.8%)	21 (8.5%)	0.417
Surgical treatments	14 (8.2%)	7 (7.4%)	35 (4.2%)	17 (6.9%)	0.087
Alternative therapies	2 (1.2%)	1 (1.1%)	17 (2.1%)	6 (2.4%)	0.733
Not currently doing anything	10 (5.8%)	5 (5.3%)	22 (2.7%)	13 (5.2%)	0.071

Table 2. Responses to the question, "What are you currently using for treatment for your UI" across geographic regions. Significant differences ($p < 0.05$) bolded.

Results

- 16,220 women offered survey → 3,409 consented → 1,534 completed
- Regional differences in symptom severity were not significant after adjustment for race and age ($p = 0.57$)
- Most women were not sure of their incontinence type** (figure 1)
- After multivariate analysis, **incontinence types were similar except for in the West** – less likely to report neurogenic UI (OR 0.30, 95% CI 0.22-0.83, $P = 0.02$)
- After multivariate analysis, **topical medication use was still highest in the West** (OR 5.37, 95% CI 1.24–22.87, $P = 0.03$) and **lifestyle modifications were lowest in the South** (OR 0.54, 95% CI 0.32–0.92, $P = 0.02$) (table 2)

Conclusion

- Most women do not know what type of incontinence they have**
- When controlling for confounders, incontinence types are similar with the exception of less neurogenic UI in the West
- When controlling for confounders, treatment patterns differ across the country with topical medications being most used in the West and lifestyle modifications least used in the South

Future Direction

- Addressing these disparities and the existing knowledge gap may help improve UI care and reduce inequities in treatment access

Acknowledgments

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