



## Urinary Incontinence: An Inevitable Part of Aging?

Urinary incontinence, or the involuntary loss of urine, is common among older women. Embarrassment about urine leakage and the belief that urinary incontinence is a normal part of aging may prevent women from seeking medical treatment for this problem, despite the availability of effective treatments. In March 2018, the University of Michigan National Poll on Healthy Aging asked a national sample of women age 50–80 about experiences with urinary incontinence and related discussions with their doctors.

### Urinary Incontinence in Older Women

Nearly half of older women (46%) reported urinary incontinence in the past year (43% for those age 50–64 and 51% among those age 65–80). Of women reporting urinary incontinence, 41% described their leakage as problematic (*major problem or somewhat of a problem*), and one in three women (31%) had leakage episodes almost daily. Urinary incontinence episodes occurred most commonly with coughing/sneezing (79%), trying to get to a bathroom (64%), laughing (49%), and exercise (37%).

Among women who reported experiencing incontinence, about half (48%) expressed concerns about their symptoms getting worse in the future. Forty percent reported embarrassment regarding urinary leakage and one in three (32%) said they worried about incontinence-related odor. Fifteen percent reported modifying their wardrobe to incorporate dark colors or layers to better hide accidents.

### Strategies for Managing Incontinence

Women with urinary incontinence reported managing symptoms in a variety of ways, with more than half



## Strategies used to manage urinary incontinence

AMONG WOMEN AGE 50–80



**59%**  
use pads/protective garments

**38%**  
do pelvic floor exercises

**16%**  
limit fluid intake

**15%**  
modify wardrobe to hide accidents

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(59%) reporting that they used pads or protective undergarments. Another 38% of respondents reported doing exercises to strengthen the pelvic floor (“Kegels”), and 16% reported limiting fluid intake.

## Talking to Doctors about Incontinence

Overall, one in three older women who experienced incontinence (34%) said they spoke to their doctor about urinary leakage (28% for those age 50–64 and 44% among those age 65–80). Women who viewed incontinence as a problem or felt embarrassed by it were more likely to have sought medical advice. Furthermore, women who saw three or more doctors in the past year were more likely to have brought up incontinence with at least one of their physicians.

Women most commonly addressed urinary incontinence with their primary care physician (49%), while 24% talked to an obstetrician/gynecologist and 22% spoke to a urologist.

What prevents women from seeking medical treatment for urinary incontinence? Among women with incontinence, two in three (66%) said they had not spoken to their doctor because they felt the problem was not that bad, 23% said they had other things to discuss, and 22% did not see urinary incontinence as a health problem. Another 15% of women said their doctor had not asked about urinary incontinence, 10% were uncomfortable discussing urinary leakage, and 4% did not think the doctor could help. About half of women (53%) said they find it easier to talk about urine leakage with a female physician.

## Implications

Is urinary incontinence really a health problem? The answer is yes. While aging may be a factor, urinary

incontinence is *not* an inevitable part of aging. As shown by this poll, urinary incontinence affects nearly half of women age 50–80. Our results suggest that most women self-manage symptoms and nearly half of women with urinary incontinence fail to seek medical treatment because they prioritize other medical issues or they don’t consider urinary incontinence to be a real health problem.

Any urine leakage can diminish quality of life, and incontinence that prevents women from participating in health-promoting behaviors such as exercise can have a negative impact on overall health.

Our results suggest urinary incontinence is associated with negative effects on both physical and psychological health. Among poll respondents, urinary incontinence was associated with poorer self-rated health and more common among women with certain health conditions like diabetes, pulmonary problems, multiple sclerosis, and sleep disorders.

There are few medical conditions as common as urinary incontinence for which routine screening does not already exist. Primary care providers are the most likely to encounter patients with urinary incontinence and should consider asking all women about this condition.

It is important for women to know that urinary incontinence is common and treatable. There are both non-surgical and surgical treatment options for urinary incontinence. Treating incontinence can not only improve a woman’s quality of life but can also have a positive impact on her overall health. We encourage all women with urinary incontinence to talk to their doctor. If needed, they can be referred to a specialist like a urogynecologist or a urologist who can also discuss treatment options.

## Data Source and Methods

This National Poll on Healthy Aging report presents findings from a nationally representative household survey conducted exclusively by GfK Custom Research, LLC (GfK), for the University of Michigan’s Institute for Healthcare Policy and Innovation. National Poll on Healthy Aging surveys are conducted using GfK’s KnowledgePanel®, the largest national, probability-based panel in the U.S. Surveys are fielded two to three times a year with a sample of approximately 2,000 KnowledgePanel® members age 50–80.

This survey was administered online in March 2018 to a randomly selected, stratified group of women age 50–80 (n=1,030). The results of this survey are based on responses from women who reported urinary incontinence (n=500). Respondents were selected from GfK’s web-enabled KnowledgePanel®, which closely resembles the U.S. population. The sample was subsequently weighted to reflect population figures from the U.S. Census Bureau.

The completion rate was 73% among women panel members contacted to participate. The margin of error is ±2 to 6% for questions asked of the whole sample, higher among subgroups.

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Available at: TBD

For more information or to receive future reports, visit [healthyagingpoll.org](http://healthyagingpoll.org)

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