

# Poster #102: Prevalence of Urinary Incontinence in Female Physicians in Surgical versus Non-surgical Specialties



Martina G Gabra, MD; Ilana Addis, MD, MPH

Banner University Medical Center-Tucson, University of Arizona Department of Obstetrics and Gynecology



## Background

- Management of urinary incontinence contributes \$10.3 billion annually to healthcare costs.<sup>1</sup>
- In 2010, a bladder health initiative was developed by experts in an effort to promote primary prevention of bladder conditions.<sup>2</sup>
- Physicians have unpredictable schedules, which may lead to poor bladder habits such as delayed voiding, which can precipitate or exacerbate lower urinary tract symptoms, including overactive bladder.<sup>3-5</sup>

## Objective

- Primary objective: To determine if female physicians in surgical specialties have a higher rate of urinary incontinence (UI) compared to physicians in non-surgical subspecialties.
- Secondary objective: To assess the association of surgical subspecialty with prolapse and fecal incontinence symptoms.

## Methods

- Female resident, fellow, and attending physicians ≥20 years old across the nation were asked to fill out the PFDI-20 and IIQ-7 to assess pelvic floor disorder symptoms.
- Data was collected from 10/2020 through 3/2021.
- Chi square and Student t-test were used as appropriate.

## Results

Variable	Nonsurgical (N=114)	Surgical (N= 83)	p-value
Age (mean), years	33 (±7)	35 (± 8)	0.30
BMI (mean), kg/m <sup>2</sup>	24 (±4)	23 (±4)	0.17
Current smoker	0 (0%)	0 (0%)	N/A
Hx of PFD	13 (11%)	4 (5%)	0.10
Hispanic Ethnicity	5 (4%)	11 (13%)	0.02
Race			0.35
White	79 (69%)	65 (78%)	
Asian	23 (20%)	9 (11%)	
Other	12 (11%)	9 (11%)	
Parity			0.12
Nulliparous	79 (69%)	50 (60%)	
C-section only	6 (5%)	11 (13%)	
1+ vaginal	29 (25%)	22 (27%)	
Post-menopausal	2 (2%)	5 (6%)	0.13
Prior hysterectomy	0 (0%)	2 (2%)	0.17

**Table 1.** Clinical characteristics of study cohort

Six participants were excluded due to missing data, 13 were excluded due to pregnancy  
 BMI= body mass index  
 PFD= pelvic floor disorder (including urinary incontinence, pelvic organ prolapse, or anal incontinence)

	Nonsurgical	Surgical	p-value
Currently a trainee <sup>a</sup>	85 (75%)	54 (65%)	0.15
Years in practice (mean) <sup>b</sup>	6 (± 8)	8 (± 8)	0.17
Intake of bladder irritants <sup>c</sup>	104 (91%)	80 (96%)	0.15
Work week length (mean)	55 (±15)	65 (±12)	<0.01
Hours between voiding			0.06
1-5 hours	74 (65%)	43 (52%)	
6 or more hours	40 (35%)	40 (48%)	
Job has decreased # of voids	85 (75%)	74 (89%)	0.03
Experience leaking at work	19 (17%)	7 (8%)	0.09

**Table 2.** Details of work environment

<sup>a</sup> Currently in residency or fellowship training

<sup>b</sup> Years since graduating medical school

<sup>c</sup> Bladder irritants includes (caffeinated or uncaffeinated) coffee, tea, or soda more than 3 times per week

	Non-surgical	Surgical	p-value
Urinary incontinence	48 (42%)	34 (41%)	0.87
Stress UI	23 (20%)	20 (24%)	0.51
Urgency UI	9 (8%)	7 (8%)	0.89
Mixed UI	12 (11%)	5 (6%)	0.27
Anal incontinence	20 (18%)	11 (13%)	0.36
Pelvic organ prolapse	4 (4%)	1 (1%)	0.29

**Table 3.** Prevalence of pelvic floor disorders in physicians

## Conclusions

- Female physicians in surgical specialties had a similar rate of urinary incontinence compared to physicians in non-surgical specialties.
- While they also had a similar rate of anal incontinence and pelvic organ prolapse symptoms, there was a small number of participants affected by these conditions.

## References

1. Hu TW. Impact of urinary incontinence on health-care costs. *J Am Geriatr Soc.* Mar 1990;38(3):292-5. doi:10.1111/j.1532-5415.1990.tb03507.x
2. Lukacz ES, Sampsel C, Gray M, et al. A healthy bladder: a consensus statement. *Int J Clin Pract.* Oct 2011;65(10):1026-36. doi:10.1111/j.1742-1241.2011.02763.x
3. Palmer MH, Newman DK. Women's toileting behaviours: an online survey of female advanced practice providers. *Int J Clin Pract.* Apr 2015;69(4):429-35. doi:10.1111/ijcp.12592
4. Zhang C, Hai T, Yu L, et al. Association between occupational stress and risk of overactive bladder and other lower urinary tract symptoms: a cross-sectional study of female nurses in China. *NeuroUrol Urodyn.* Mar 2013;32(3):254-60. doi:10.1002/nau.22290
5. Xu D, Zhu S, Li H, Gao J, Mou H, Wang K. Relationships among occupational stress, toileting behaviors, and overactive bladder in nurses: A multiple mediator model. *J Adv Nurs.* Jun 2019;75(6):1263-1271. doi:10.1111/jan.13940

## Disclosures

The authors have no disclosures.