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INVESTIGATING PREVALENCE AND MORTALITY ASSOCIATED WITH URINARY INCONTINENCE DURING OLDER WOMENS SECONDARY CARE ADMISSIONS

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Your abstract text (must not be more than 300 words) excluding title, authors, designations and references; DO NOT INCLUDE AUTHOR NAMES HERE (it is intended to be a blind Review)

Background

Prevalence of urinary incontinence (UI), and associated mortality rates for older (>55 years) female secondary care in-patients are unknown. A wealth of electronic data is held by NHS Trusts through Electronic Patient Care Records (EPCR). This study uses EPCR to explore prevalence and mortality associated with UI for older women in secondary care.

Methods

A cohort study was conducted of women > 55 years admitted to an NHS Trust between 1st November 2019 to 29th February 2020. Continence assessment, demographics and mortality EPCR data were extracted, and UI prevalence described using descriptive statistics. Kaplan Meier curves and Hazard Ratios (HRs) were used to describe mortality rates (all deaths: deaths <30 days: deaths <3 months of discharge).

Results

10.9% (n=631) of the cohort (5757) were recorded as UI. Significant associations existed between UI and age ($\chi^2 = 319.5$, $df = 8$, $p < 0.001$), BMI ($\chi^2 = 46.57$, $df = 4$, $p < 0.001$), mobility ($\chi^2 = 440.58$, $df = 4$, $p < 0.001$), frailty risk ($\chi^2 = 275.03$, $df = 3$, $p < 0.001$), and pressure ulcer risk ($\chi^2 = 1693.49$, $df = 1$, $p < 0.001$). Percentage of deaths and mortality rates were higher in UI compared to continent group. Cox regression models, including age and BMI (covariates), showed UI as a significant predictor of mortality and all deaths (HR 1.85, 95% CI 1.62 to 2.11, $p < .001$), deaths <30 days (HR= 2.69, 95% CI 2.00 to 3.62, $p < .001$) and deaths <3 months of discharge (HR = 3.01, 95% CI 2.41 to 3.76, $p < .001$).

Conclusion

Given that prevalence of UI in older women within the community is reportedly around 40%, the results of this study suggest that UI is being drastically underreported within EPCR at only 10.9%. Our results also demonstrate significant associations between UI and mortality, further demonstrating the need for greater research in this area.