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Urinary Incontincence: Clinical Approach, Psychosocial and Contextual Factors

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Urinary incontinence (UI) is a common problem in women with a prevalence rate ranging from 10% to over 40% in community-based epidemiological surveys but only one-quarter of the women with UI have sought treatment for it [1,2]. Stress UI and urge UI are the main types of UI, and have different causal etiologies. Stress UI originates mostly from aging or childbirth injury because of an anatomical change, or because of neuromuscular compromise of the urethral sphincter itself. The cause of urge UI is poorly understood Some factors including aging, menopause, repeated UTI and so on have been reported to have an association with urge UI [3].

Female sexual difficulty (FSD) is highly prevalen affecting 41-47% of women in general populations and 75-80% in women with diagnosed UI [4]. The sexual problems of women include four major subtypes: desire, arousal, orgasm and pain. Female sexual functioning can be influenced by various and multiple factors, which include biological, psychosocial and contextual factors. There are correlations between different aspects of female sexual function [5]. Even though there are some overlaps, different domains of female sexual function have different risk factors [6].

Sutherst reported that in a n=208 clinical study that the UI problem had adversely affected their sexual relations [7]. Thereafter, UI has been often reported to have a negative impact on women's sexuality. Furthermore, overactive bladder (OAB) with or without incontinence has been reported to be associated with FSD.

It is very important to consider and assess the impact incontinence has on daily living and thus the quality of life. There are numerous assessment tools; those which feature most frequently in the recent literature include generic questionnaires such as the WHODAS II, the Nottingham Health Profile and the Sickness Impact Profile, 4 which allow comparison between different diseases but which are not sensitive when applied to urinary incontinence, which is not a life-threatening condition [8].

Disease-specific questionnaires have the potential for greater sensitivity; examples include the ICQSF test from the International Continence Society (ICS) for determining whether treatment is required and, ultimately, for gauging the success of treatments in terms of improvement in women's quality of life, which is of major importance to them [9].

Despite intensive work in the field, urinary incontinence (UI) treatment is characterized by unintended side effects, uncertain durability, high risk of complications, and inconsistent outcomes. Therapy is generally directed toward underlying anatomic and physiologic causes, with little attention to important cognitive, psychosocial and behavioral aspects of UI. Recognition that the variability in UI treatment success is likely driven at least in part by individual variability-combined with a demonstrated need for better outcomes for patients with UI.

To provide understanding of current available evidence concerning safety and clinical efficacy of pharmacotherapy for overactive bladder (OAB) and UI is essential but we consider an important priority to conduct clinical assyas not only in terms of assesing the benefit of the ítem studied, but also to determine the impact on the benefit in quality of life. The U.S. National Institute of Diabetes and Digestive Kidney Diseases convened expert stakeholders to conceptualize research needed to individualize UI treatment. Such research will be facilitated by an interdisciplinary approach that

considers factors spanning urinary, local/regional and systemic biology; individual behaviors; mind and mental functioning; and social determinants of health [9,10].

Dropsordry, a natural compounding based on genistein from soybean isoflavones and enterodiol from pumpkin seed, has been tested in occidental perimenopause women with UI in strict accordance with Societies recommendations regarding efficacy, safety and impact on quality of life. To the best of our knowledge, this is the very first time that an ingredient combination has been studied in depth in agreement with clinical practices. The uses of clinical practices joining with the women health societties guidelines, should be a common procedure in upcoming clinical studies on Urinary Incontinence.

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