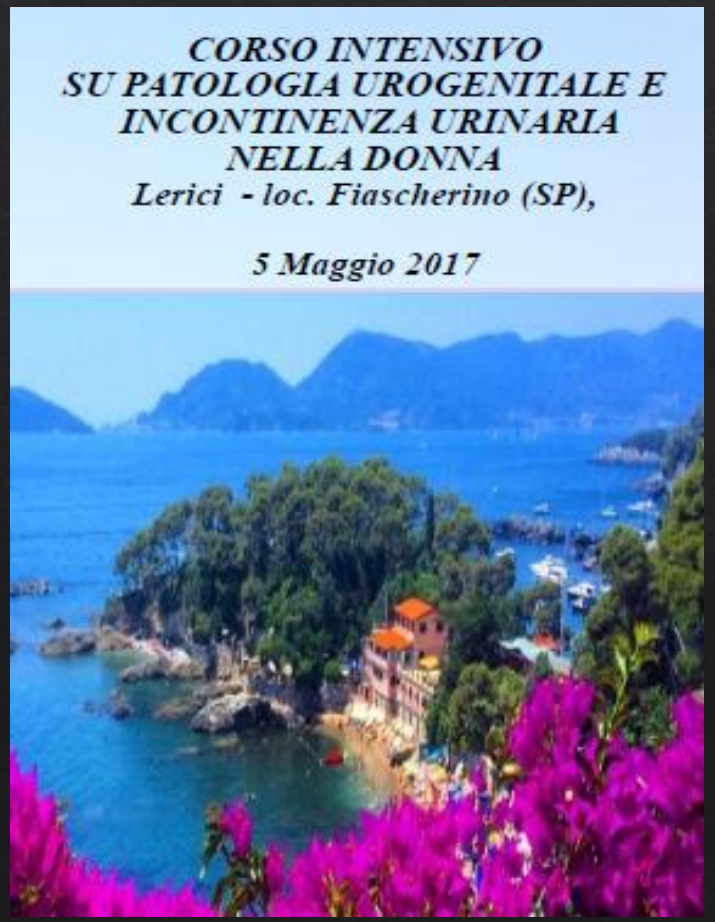
CAUSE ED EPIDEMIOLOGIA



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GENOVA

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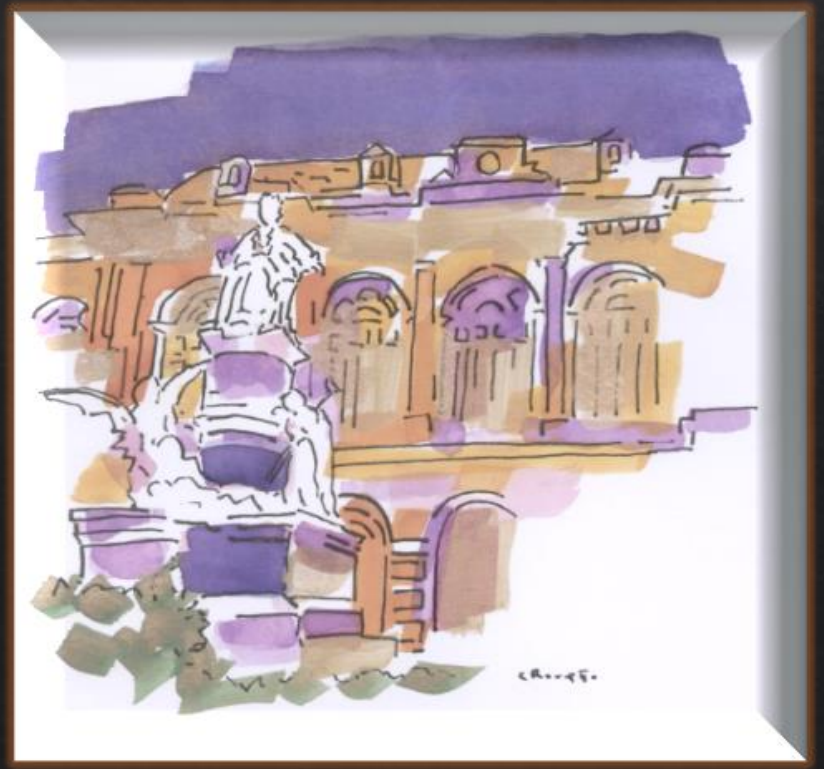
Genova
Ospedale di rilievo nazionale e di alta specializzazione



The Definition, Prevalence, and Risk Factors for Stress Urinary Incontinence

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Department of Reproductive Medicine, University of California, San Diego, CA

VOL. 6 SUPPL. 3 2004 REVIEWS IN UROLOGY

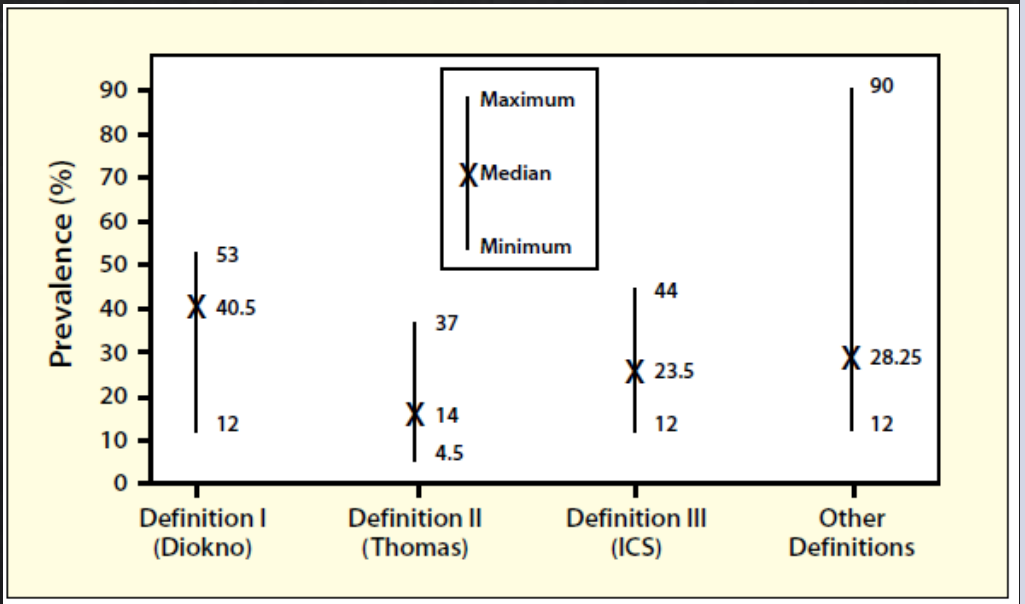
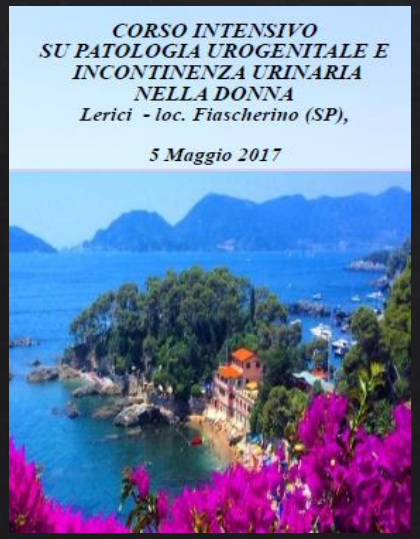


Figure 1. *Reported prevalence of incontinence in women according to definitions of incontinence. ICS, International Continence Society. Reprinted from Hampel C et al.* Urology. *1997:50(suppl 6A):4-14,[2] with permission from Elsevier.*

Table 1
International Continence Society Standardization of Terminology of Lower Urinary Tract Dysfunction

Type of Incontinence	Symptom: Subjective Indicator of Disease	Sign: Observed by Physician to Verify/Quantify Symptoms	Urodynamic Observations
SUI	Involuntary leakage on effort or exertion, or on sneezing or coughing	Involuntary leakage from the urethra synchronous with exertion/effort or sneezing or coughing	USUI: involuntary leakage during increased abdominal pressure without detrusor contractions
UUI	Involuntary leakage accompanied by or immediately preceded by urgency	Small volume and daytime frequency on bladder diary	DOA: incontinence due to involuntary detrusor contraction
Mixed	Involuntary leakage associated with urgency and also exertion, sneezing, or coughing	Signs of both SUI and UUI	Both observations for SUI and UUI

SUI, stress urinary incontinence; UUI, urge urinary incontinence; USUI, urodynamic SUI; DOA, detrusor overactivity.
Adapted from Abrams P et al. *Urology.* 2003;61:37-49.[4]



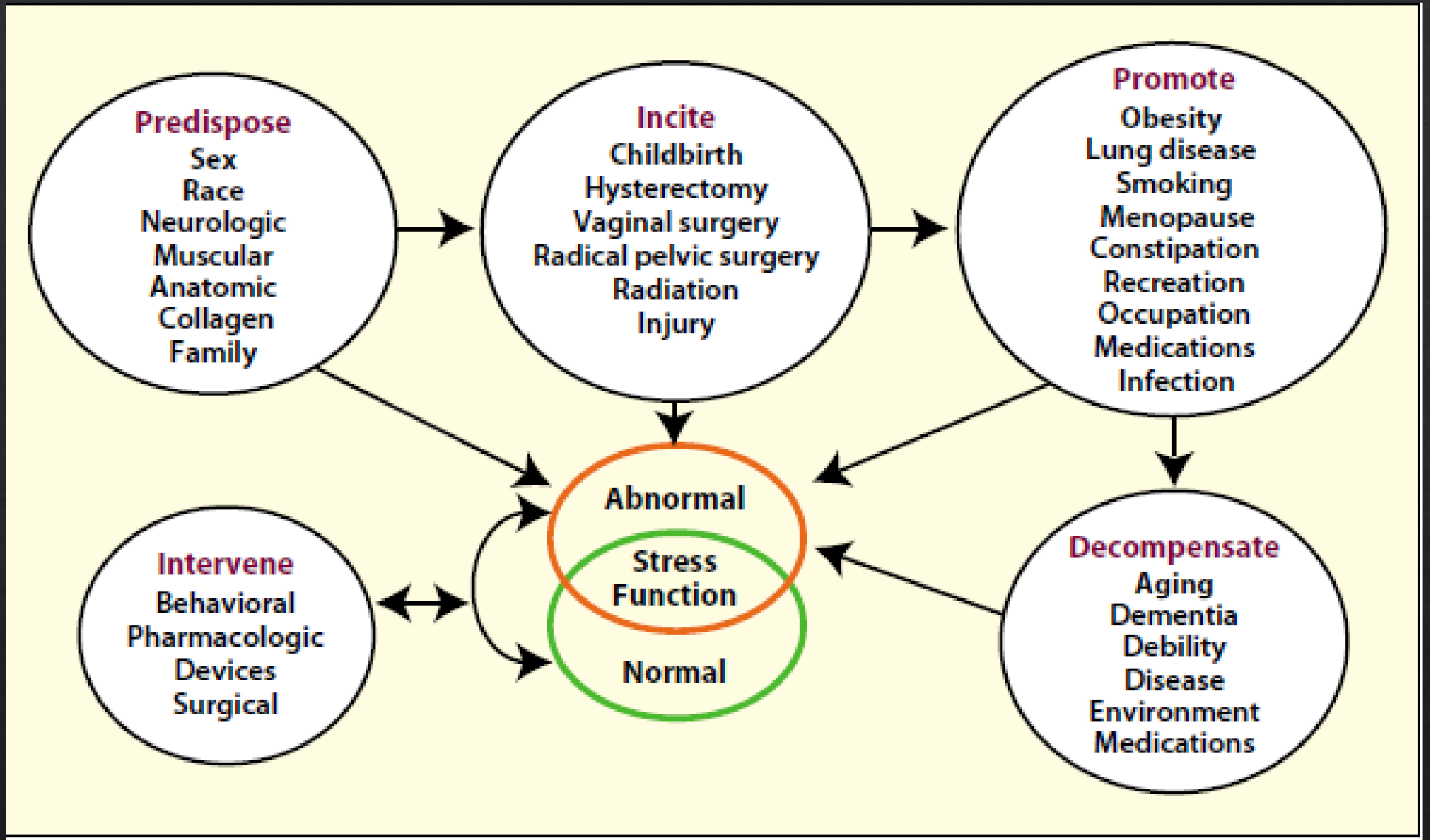
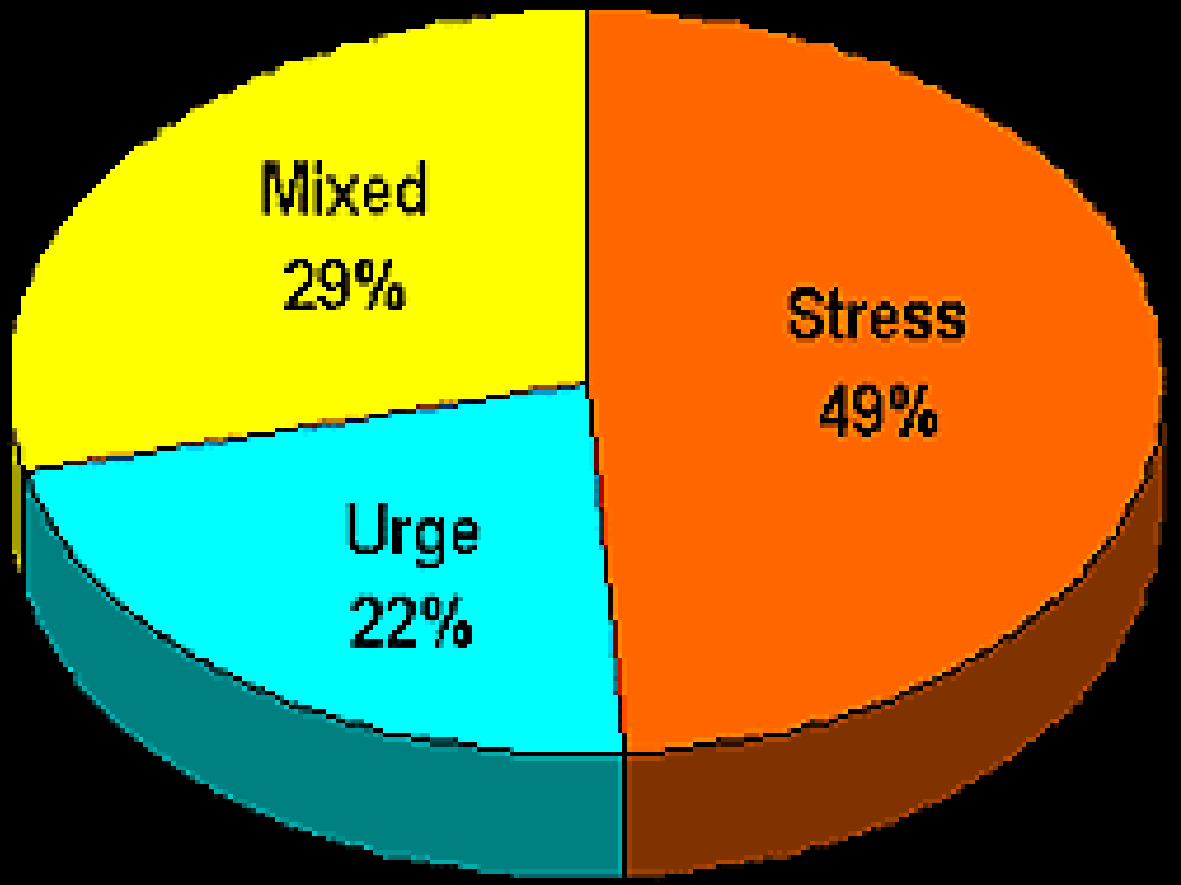


Figure 2. *Risk factors for stress urinary incontinence. Adapted from Bump RC, Norton PA.* Obstet Gynecol Clin North Am. *1998;25:723-746,*[9] *with permission from Elsevier.*

Medscape® www.medscape.com



Hampel C, et al. *Urology*. 1997;50(suppl 6A):4-14.

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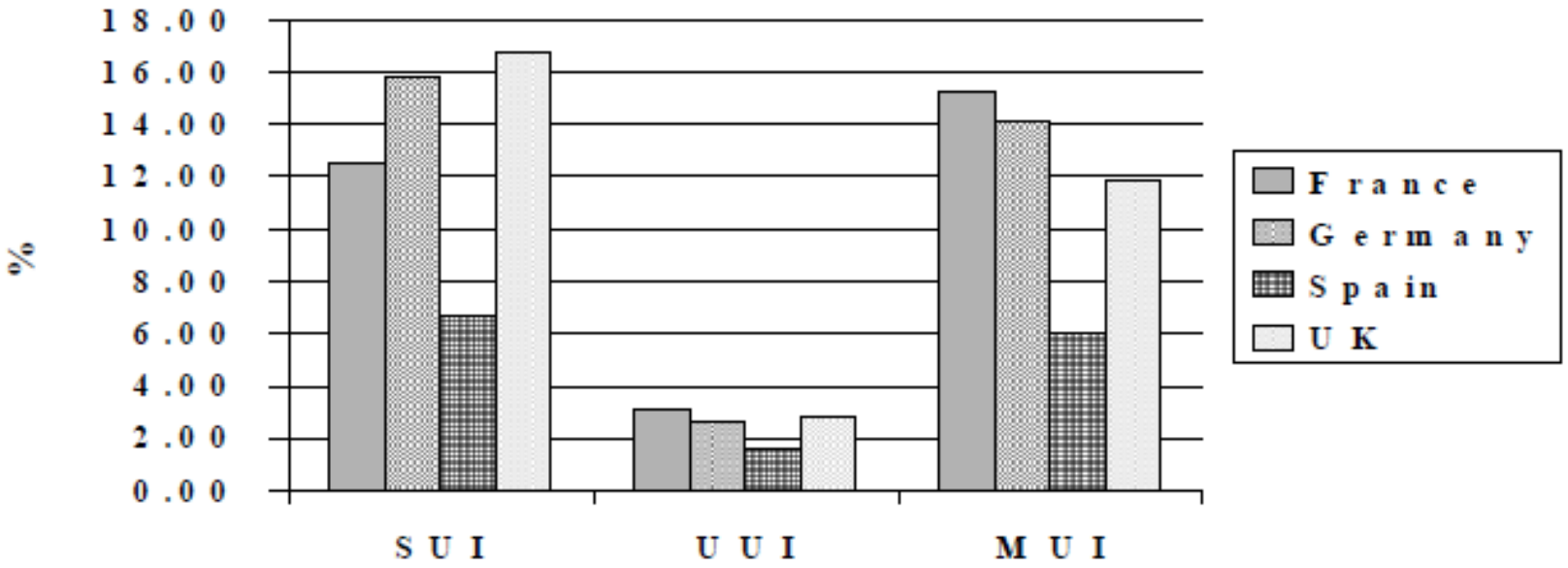
Hunskaar S. [1], Lose G. [2], Viktrup L. [3], Gohier J. [4], Voss S. [5]
1. University of Bergen, 2. University of Copenhagen, 3. The Research Unit for General Practice, 4. Lilly Research Laboratories, 5. Lilly Research Centre

PREVALENCE OF STRESS URINARY INCONTINENCE IN WOMEN IN FOUR EUROPEAN COUNTRIES

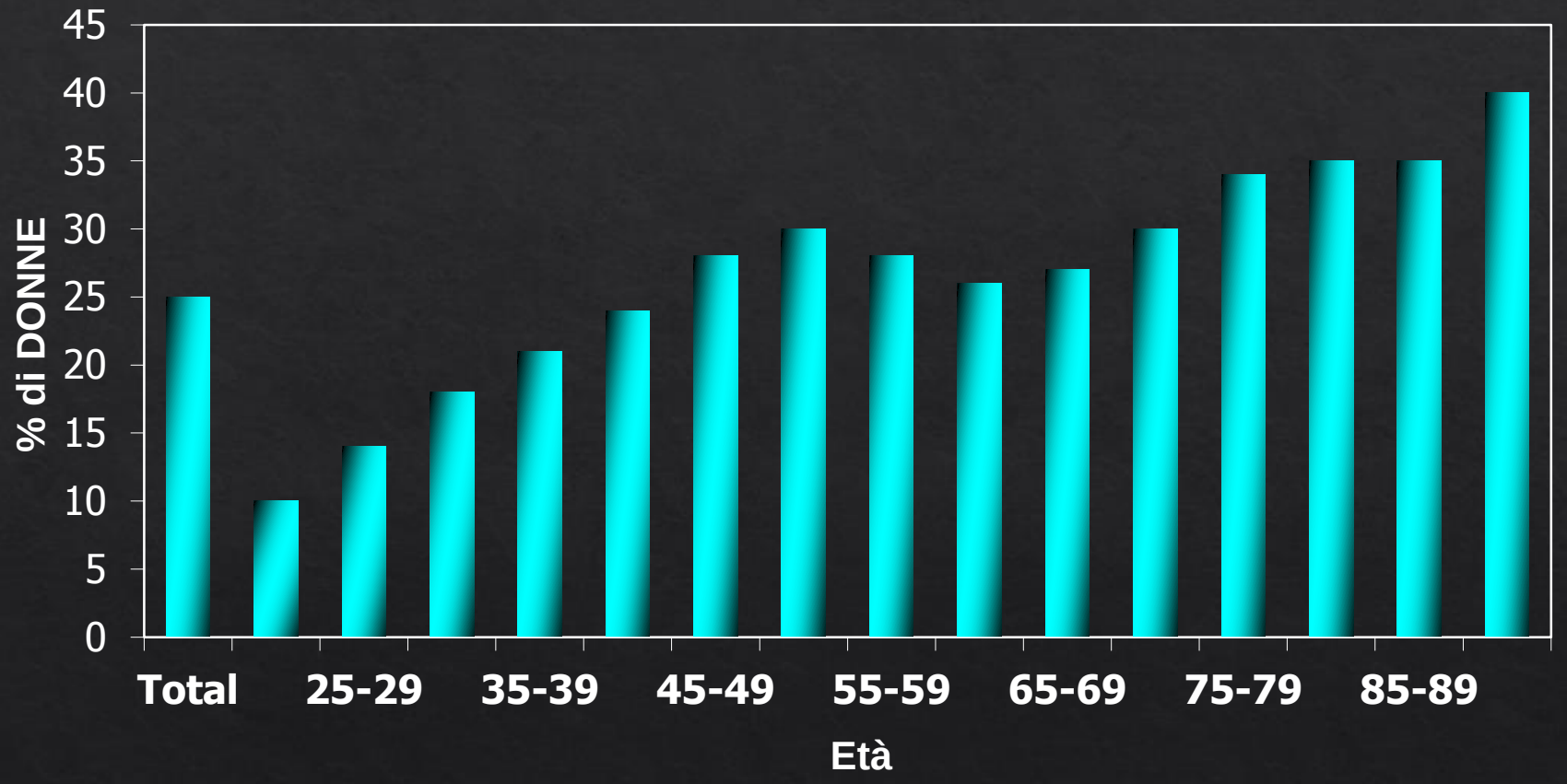
2012

Results

15% of women in Spain, 32% in France, 32% in the UK and 34% in Germany had experienced UI in the preceding 30 days. SUI was the most common underlying symptom (Figure 1). The median age for the women with any UI was 50.9 years, the women with SUI were somewhat younger (47.3 years, $p < 0.05$) and the majority of women had had their symptoms for more than 2 years (data not shown).



Incontinenza urinaria femminile: prevalenza in relazione all'età

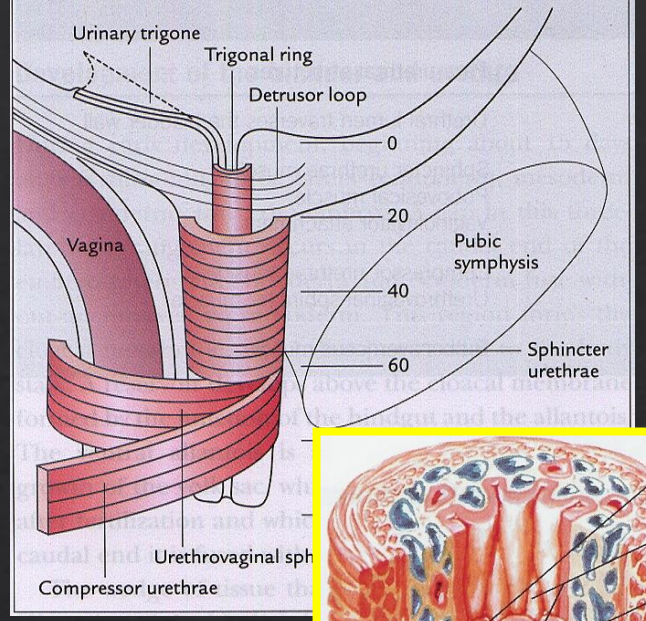


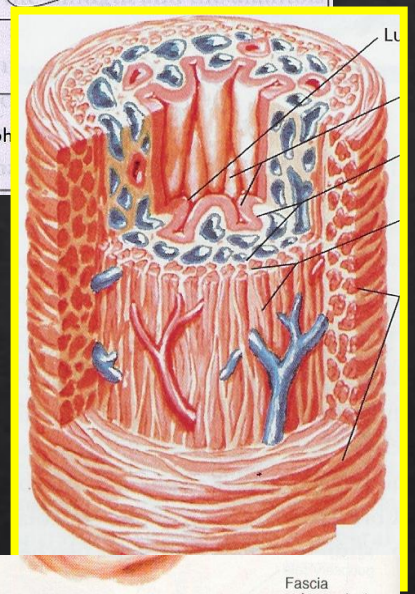
Studio EPINCONT N=27,936.
Hannestad YS, et al. *J Clin Epidemiol.* 2000;53(11):1150-1157.

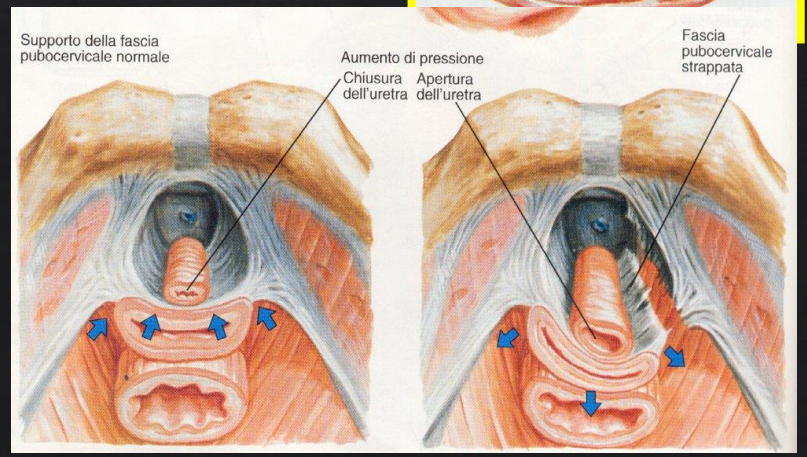
FISIOPATOLOLOGIA IUS

Fattori necessari perché l'uretra rimanga chiusa a riposo e durante un aumento della pressione addominale:

- **Sfintere striato** sano, funzionale, controllato dall'innervazione pudenda
- **Mucosa e sottomucosa** uretrali ben vascolarizzate
- **Muscolatura** liscia uretrale intrinseca allineata correttamente e funzionale
- **Sostegno** della parete vaginale







Abrams, Cardozo. 2009

Principali fattori di rischio della Incontinenza urinaria da stress

Genere

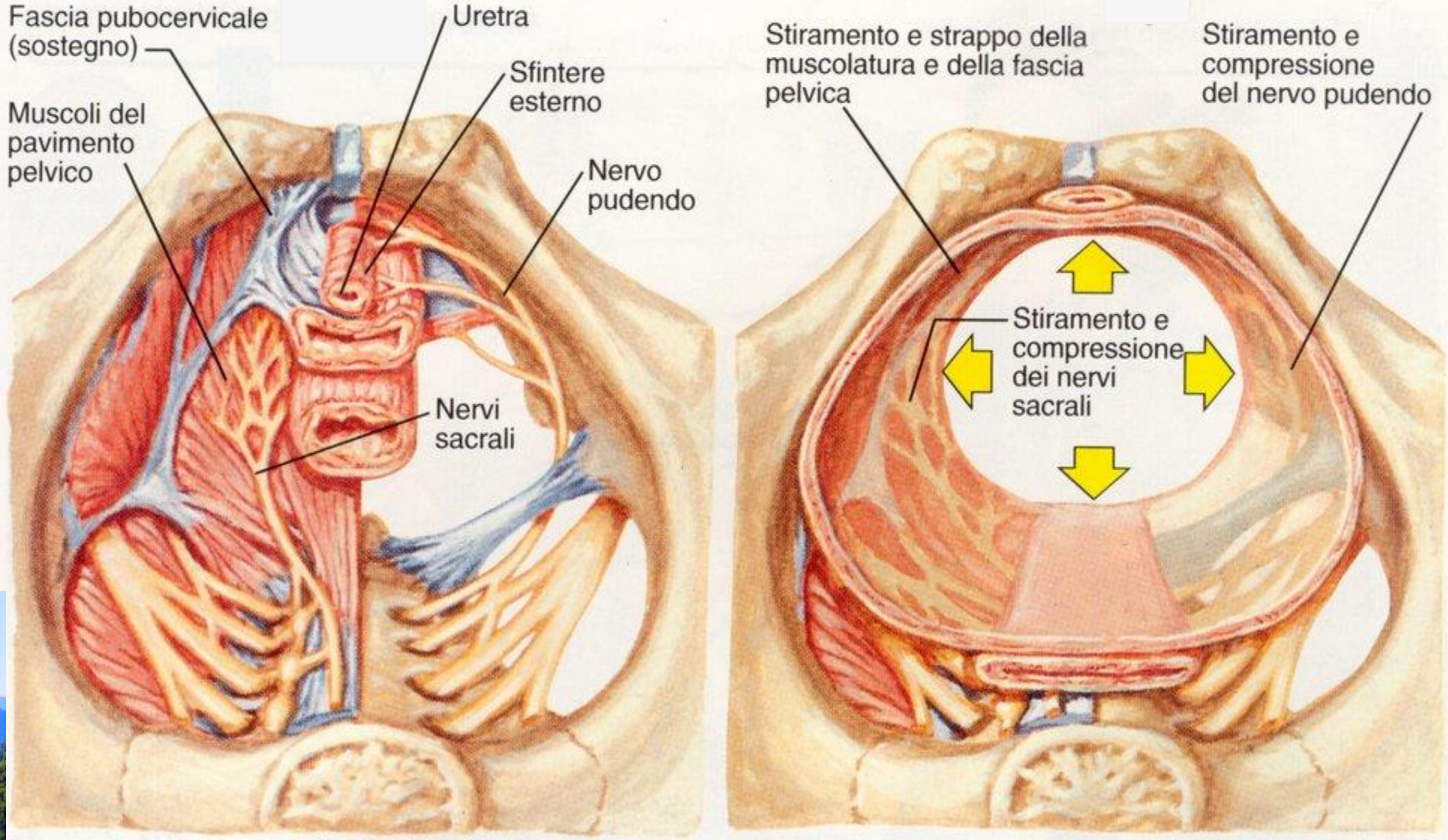
Parto

Obesità

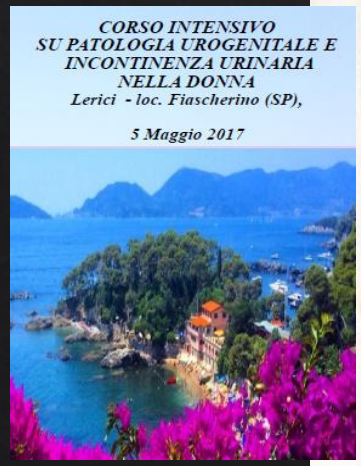
Bump RC, Norton PA. *Obstet Gynecol Clin North Am.* 1998;25(4):723-746.

Tavola 5

Parto Naturale e Danno Pelvico



La fascia e i muscoli endopelvici ed i nervi per gli sfinteri esterni possono subire danni in conseguenza dello stiramento e della compressione durante il parto



Cause di incontinenza da sforzo ?

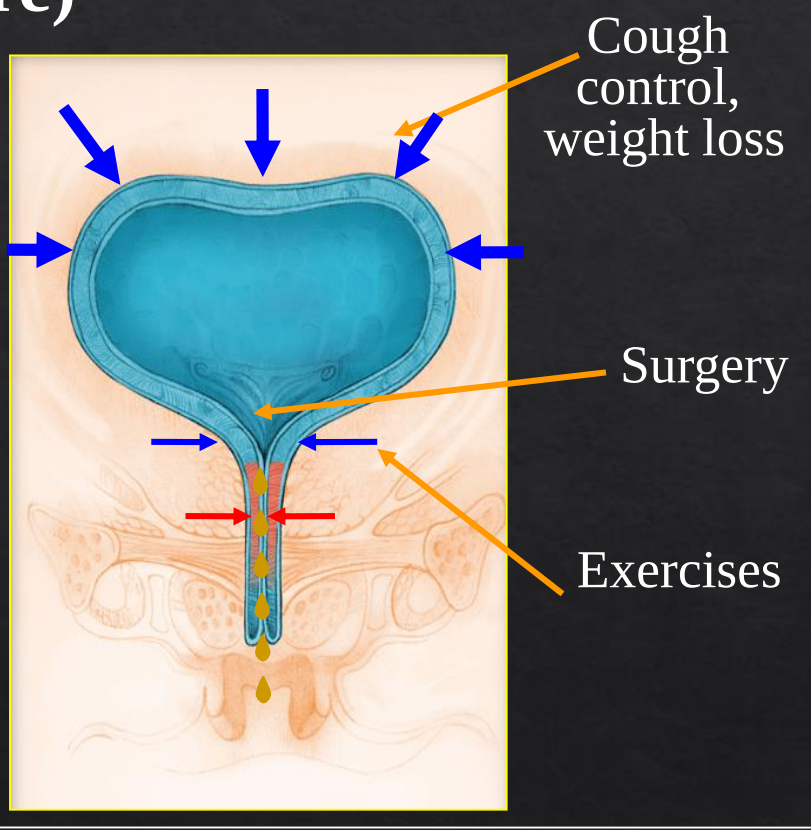
- **Ipermobilità del collo vescicale**

- **Deficit sfinterico intrinseco**

SUI Occurs When
Bladder Pressure > Urethral Pressure

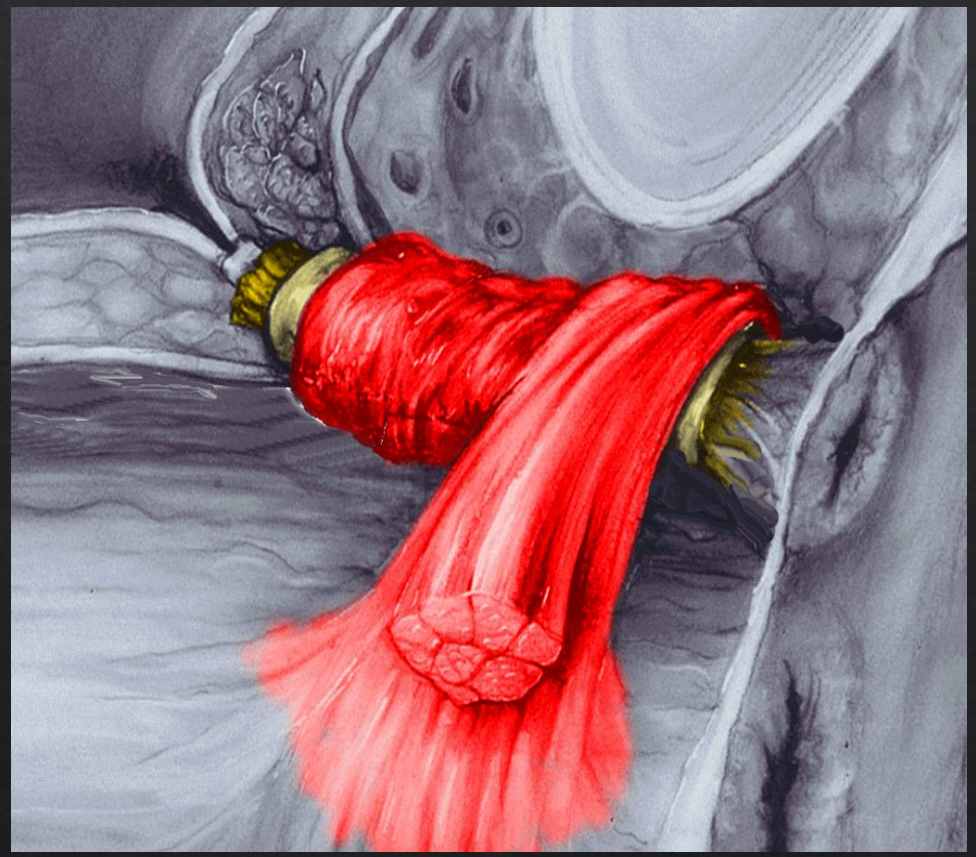
(PTD x stress > urethral pressure)

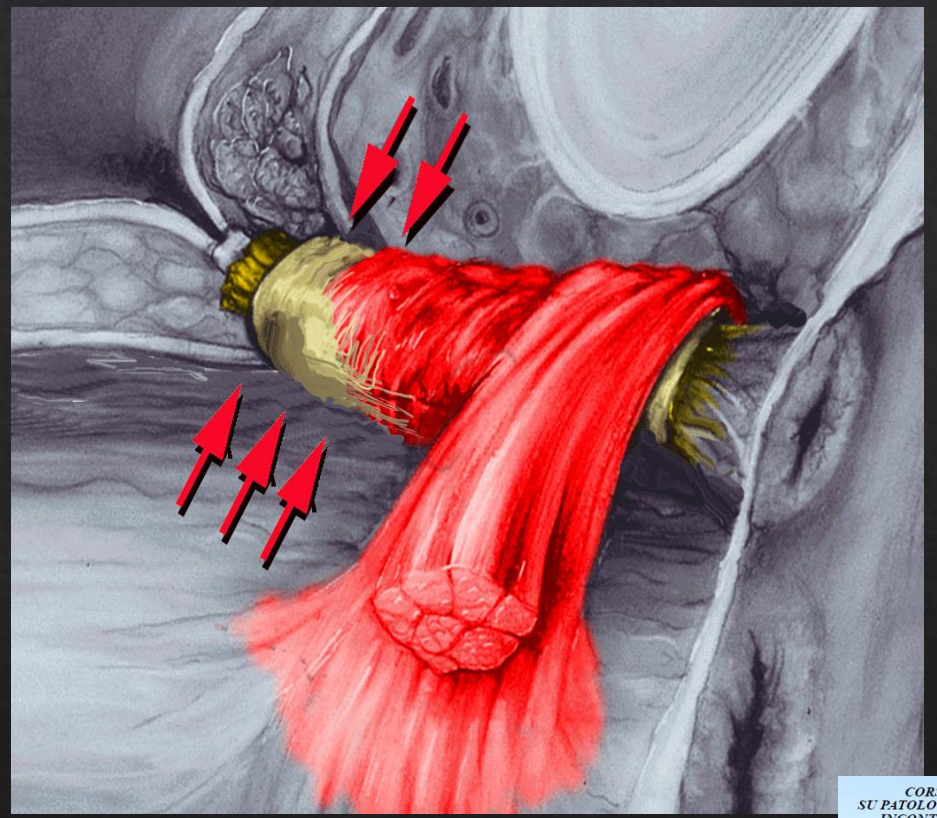
- Any factor that pushes the equation towards a positive urethral pressure gradient has the potential to be effective



PTD=Pressure transmission deficit.

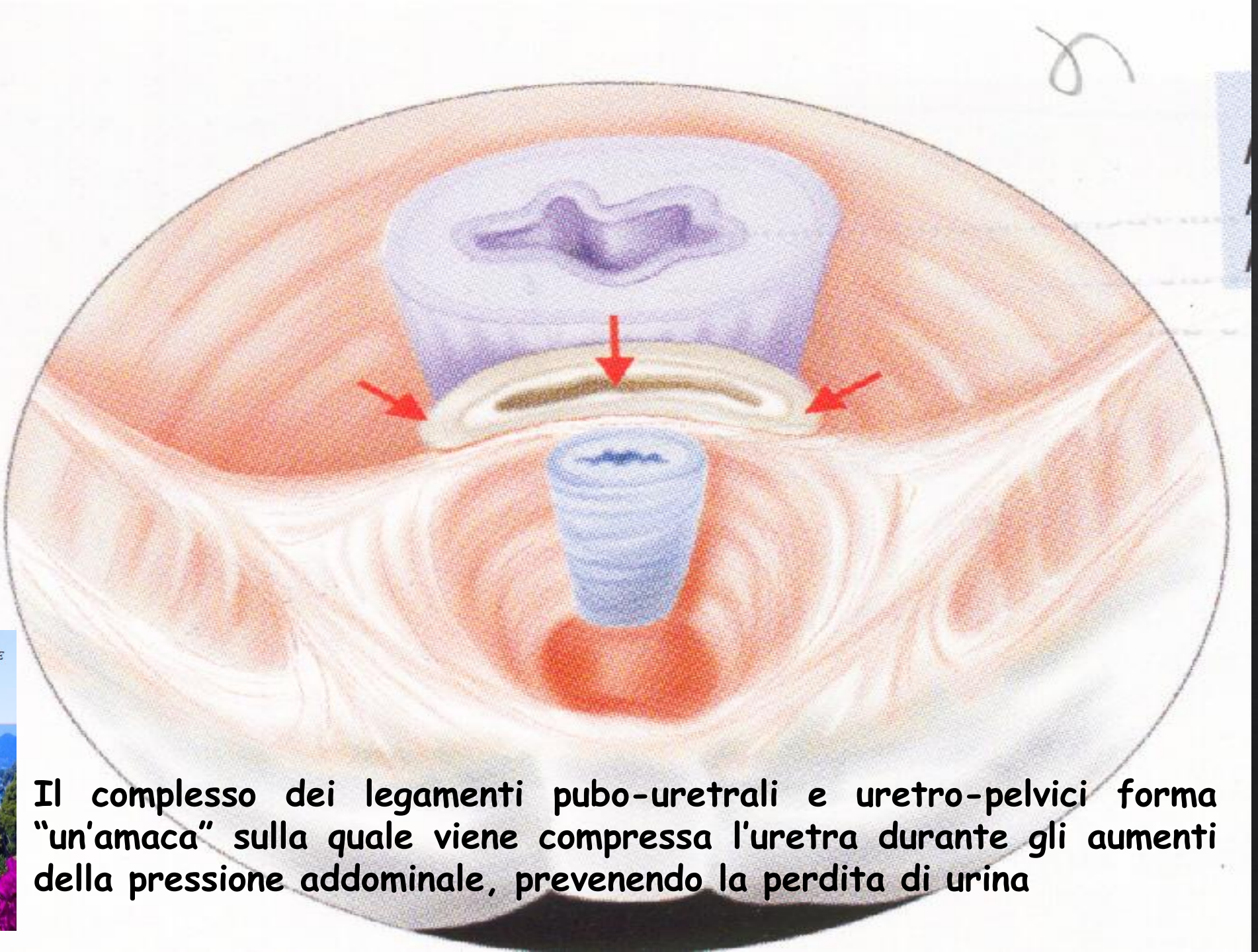
DEFICIT SFINTERICO INTRINSECO

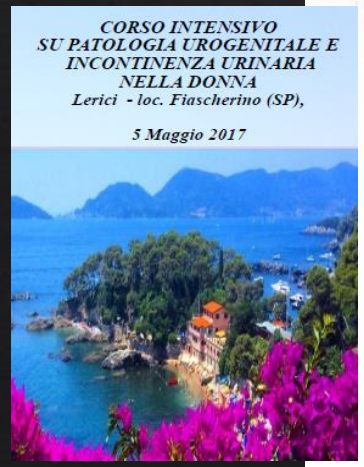




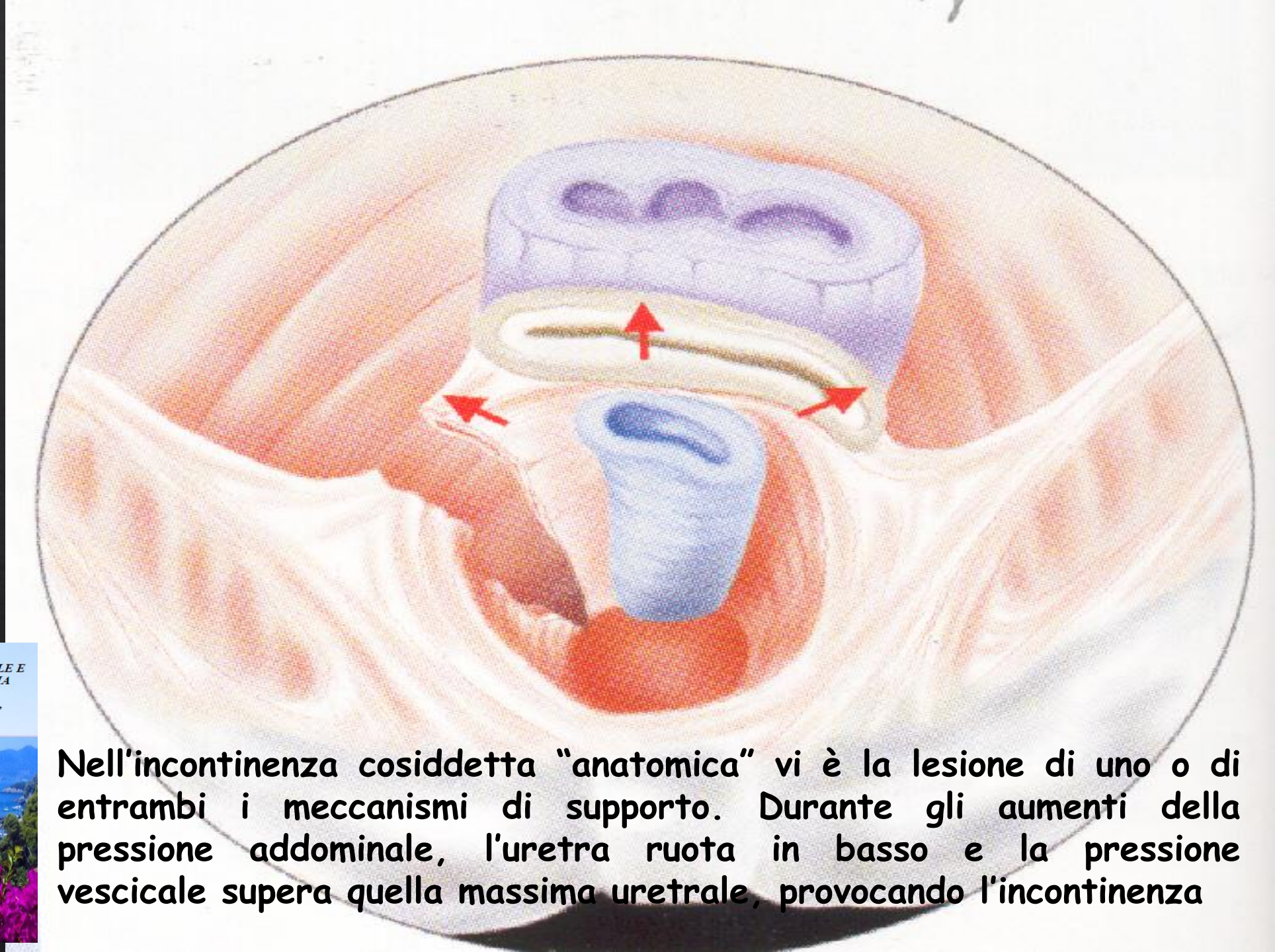
La pressione uretrale è minore in donne con incontinenza da sforzo rispetto ai controLLI

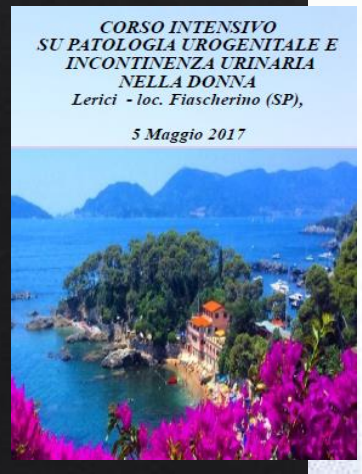
Hilton et al 1983



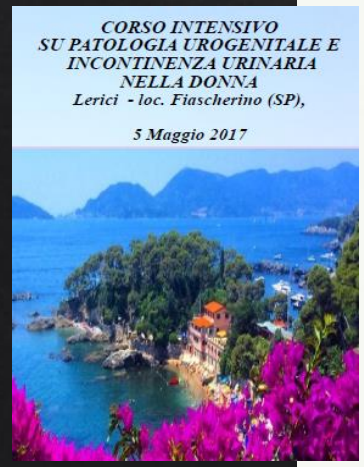


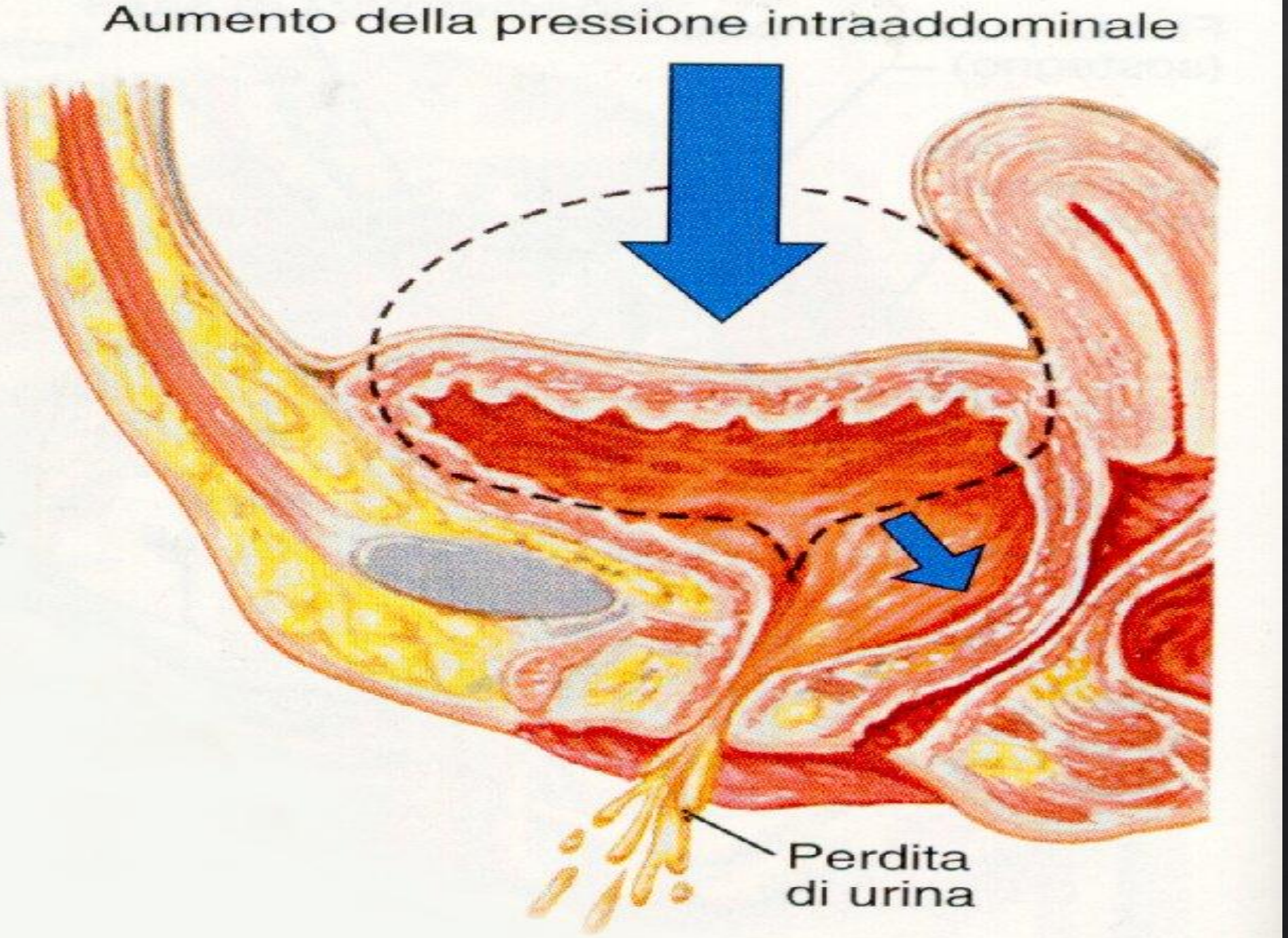
Il complesso dei legamenti pubo-uretrali e uretro-pelvici forma "un'amaca" sulla quale viene compressa l'uretra durante gli aumenti della pressione addominale, prevenendo la perdita di urina





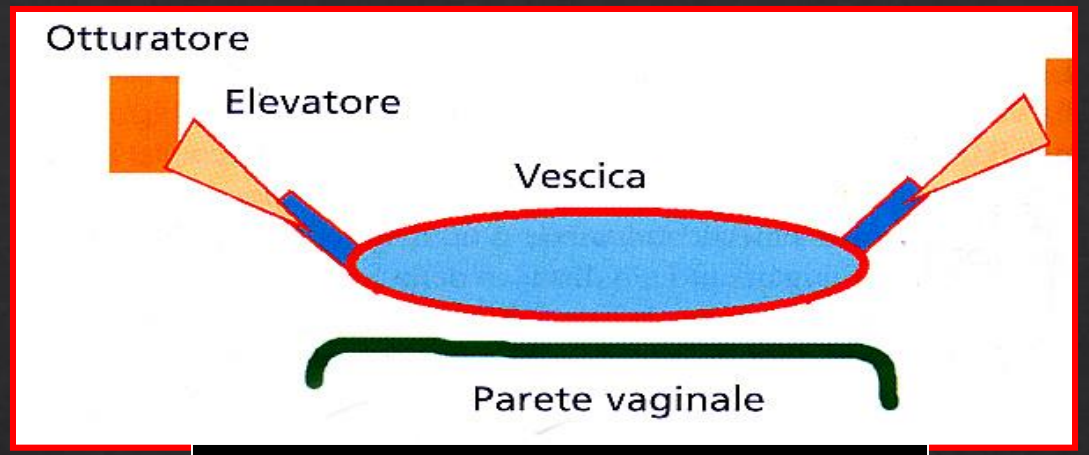
Nell'incontinenza cosiddetta "anatomica" vi è la lesione di uno o di entrambi i meccanismi di supporto. Durante gli aumenti della pressione addominale, l'uretra ruota in basso e la pressione vescicale supera quella massima uretrale, provocando l'incontinenza


CORSO INTENSIVO
SU PATOLOGIA UROGENITALE E
INCONTINENZA URINARIA
NELLA DONNA
Lerici - loc. Fiascherino (SP),
5 Maggio 2017


Aumento della pressione intraaddominale
Perdita
di urina

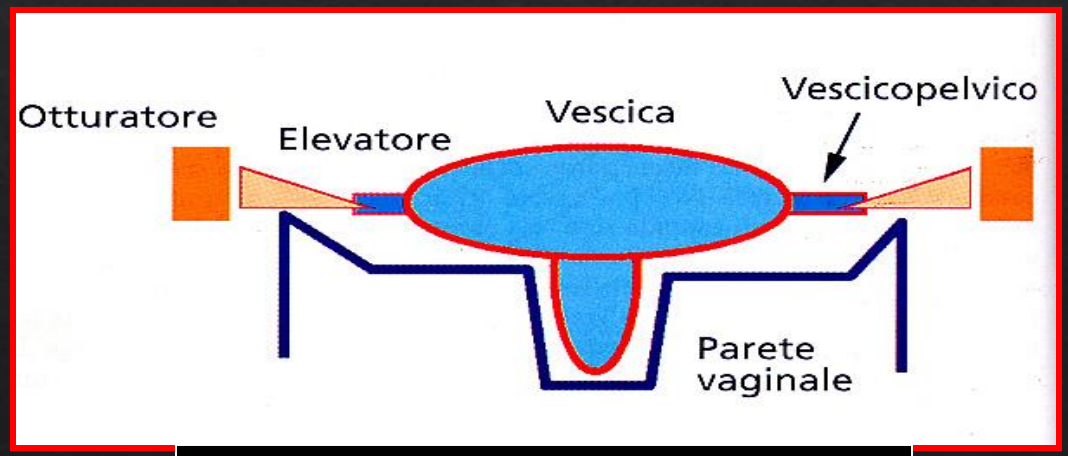
CISTOCELE

- Il trauma da parto, la carenza ormonale in soggetti geneticamente predisposti conducono al rilassamento di questo strato fasciale. Come conseguenza si ha un'erniazione della parete posteriore della vescica in vagina (cistocele)



cistocele laterale

- Il cistocele può essere classificato in rapporto al difetto anatomico (centrale, laterale o misto) o in rapporto al grado clinico (distanza dalla rima vulvare)

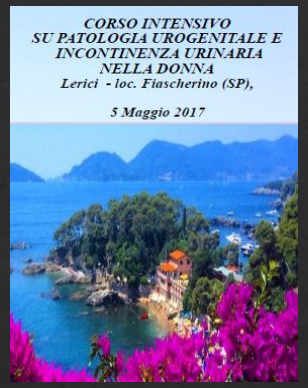


cistocele centrale

Difetto mediano e trasversale

PROLASSO GENITALE

Incidenza	
Tra i 20 e 50 anni	30 %
Tra i 20 e 29 anni	6,6 %
Tra i 50 e 59 anni	55,6%
Pluripare	44 %
Nullipare	5,8 %



Cause reversibili

INCONTINENZA URINARIA

- **Infezioni urinarie** → **Urinocoltura**
- **Atrofia urogenitale postmenopausale** → **Terapia (HRT)**
- **Farmaci (diuretici, anticolinergici, alcool, psicofarmaci, narcotici, alpha agonisti o antagonisti, betamimetici, Ca-bloccanti)** → **Anamnesi**
- **Malattie sistemiche (diabete, ipercalcemia, insuff. cardiaca congestizia, > assunzione di liquidi)** → **Anamnesi e terapia mirata**
- **Malattie mentali** → **“Mental status”**

Original Article
Int Neurourol J 2012;16:86-90
http://dx.doi.org/10.5213/inj.2012.16.2.86
pISSN 2093-4777 · eISSN 2093-6931

International Neurourology Journal
INJ

Prevalence of Stress Urinary Incontinence in Women with Multiple Sclerosis

Alana M Murphy, Francois Bethoux[1], Darlene Stough[1], Howard B Goldman

Cleveland Clinic Glickman Urological Institute, [1]Cleveland Clinic Neurological Institute, Cleveland, OH, USA

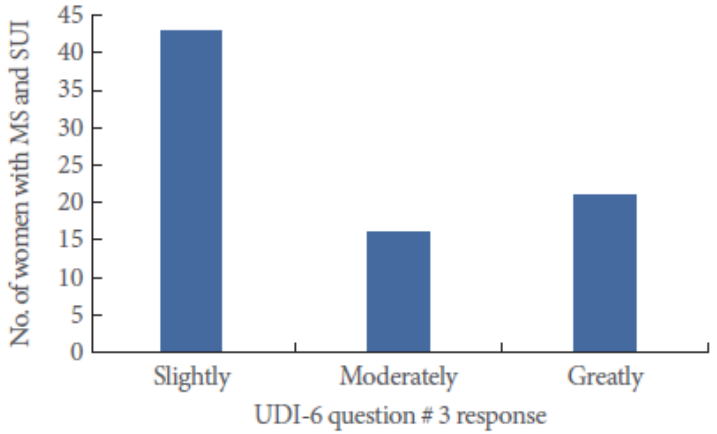


Fig. 1. Severity of stress urinary incontinence (SUI) in women with multiple sclerosis (MS) based on responses to the Urogenital Distress Inventory (UDI-6) question #3: "Do you experience and, if so, how much are you bothered by urine leakage related to physical activity, coughing or sneezing?"

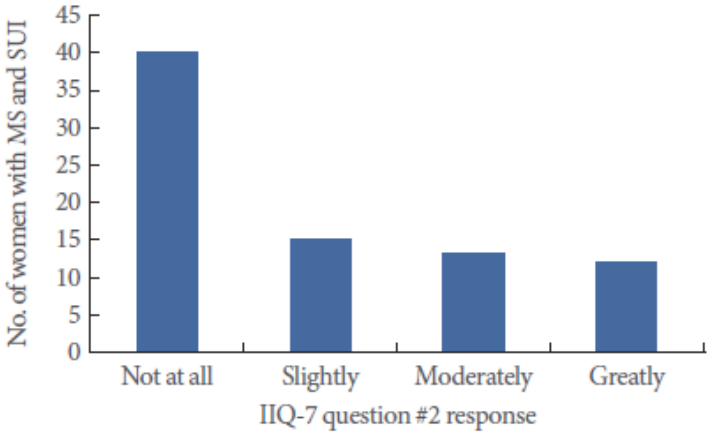


Fig. 2. Bother of stress urinary incontinence (SUI) in women with multiple sclerosis (MS) based on responses to the Incontinence Impact Questionnaire (IIQ-7) question #2: "Has urinary leakage affected your physical recreation such as walking, swimming or other exercise?"

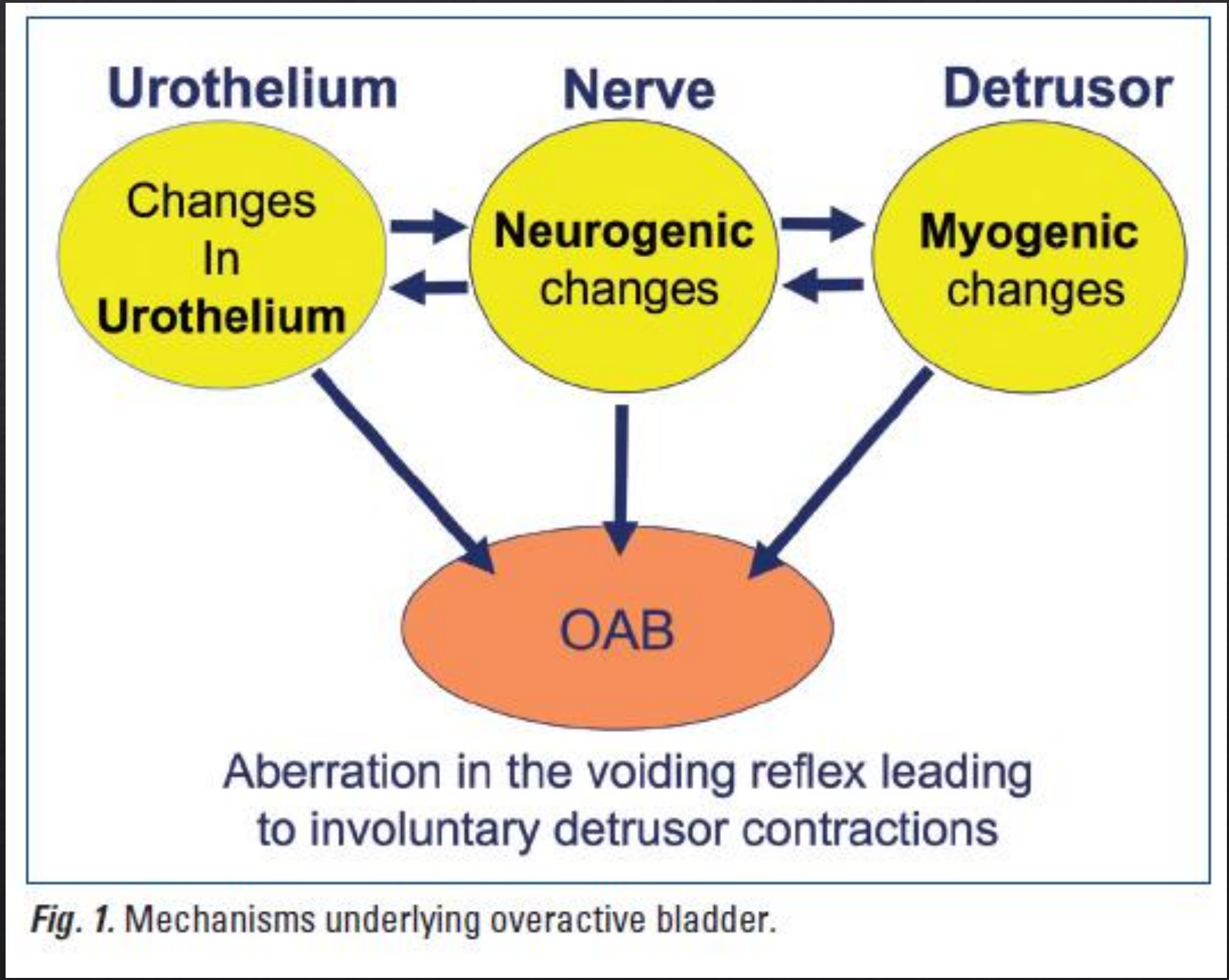
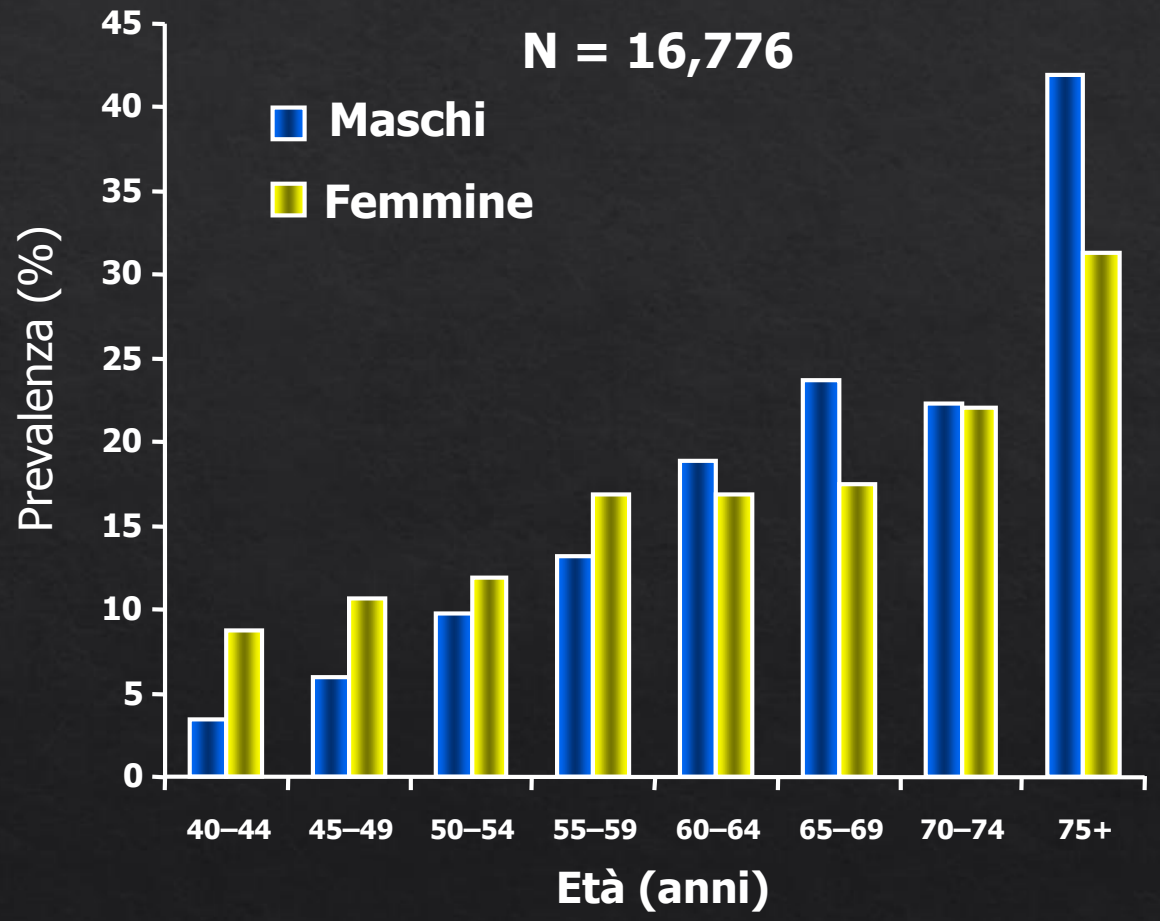


Fig. 1. Mechanisms underlying overactive bladder.

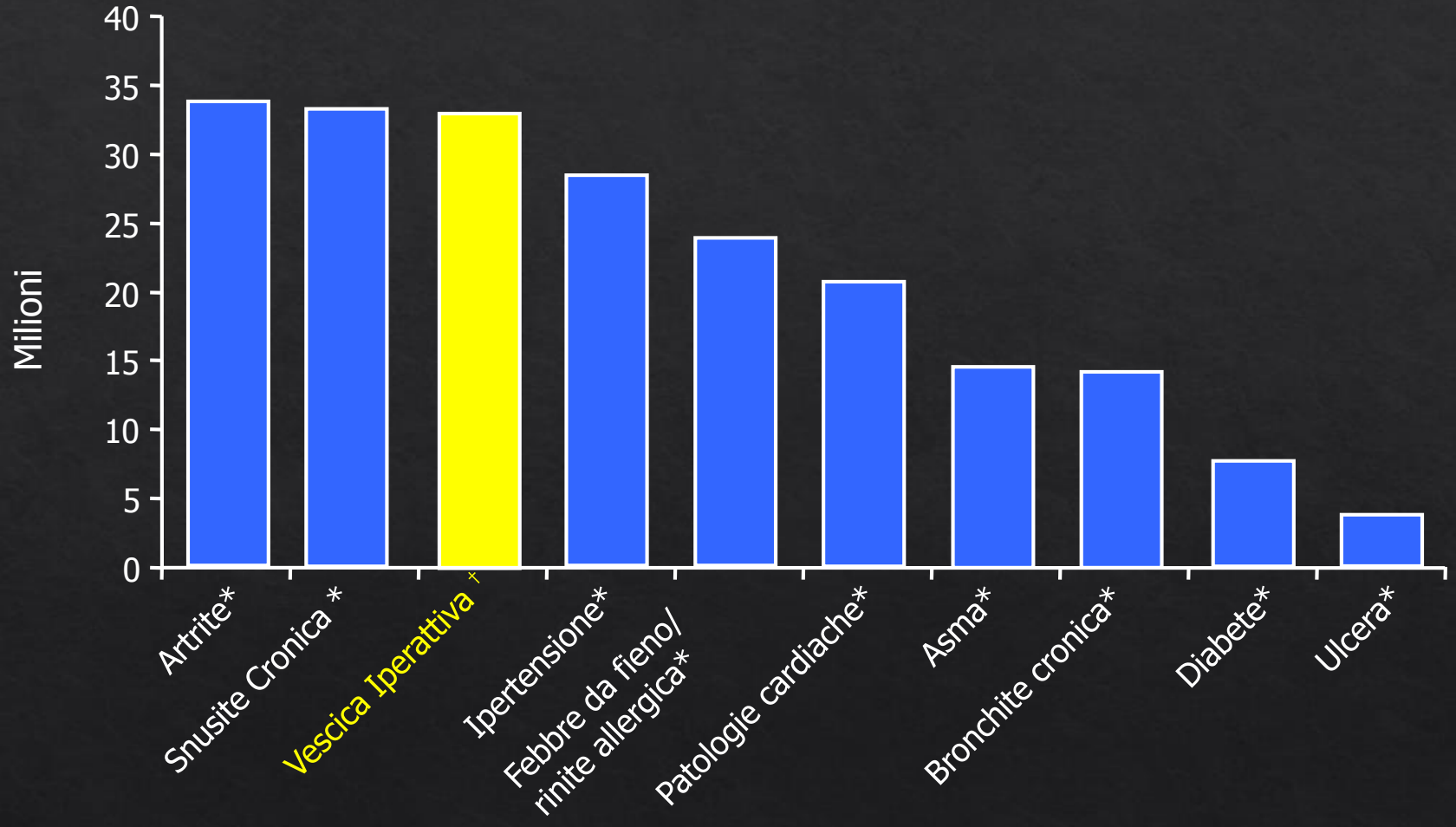
Vescica iperattiva: prevalenza in Europa

- **Complessivamente il 16.6% della popolazione di età >40 aa in 6 paesi Europei ha sintomi di Vescica Iperattiva**
- **La prevalenza cresce con l'età**



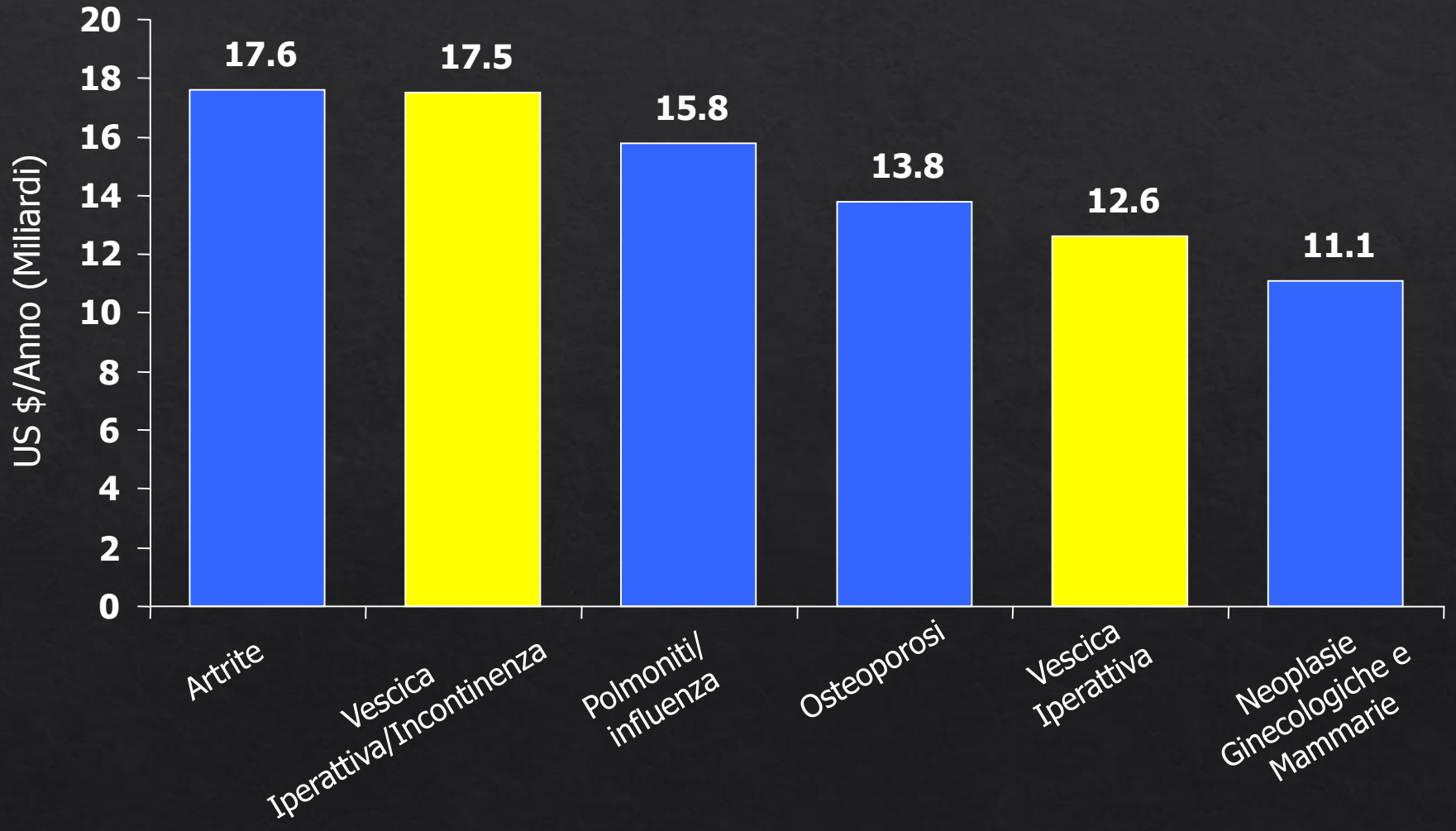
Milsom I et al. *BJU Int.* 2001;87:760-766.

Prevalenza di patologie croniche negli U.S.A.



*National Center for Health Statistics. Vital Health Statistics.10;1996; Stewart W et al. *World J Urol.* 2002. Available at: http://link.springer.de/link/service/journals/00345.

Vescica iperattiva: impatto economico



Hu TW et al.In: *Incontinence*. 2002:965-983.

Nocturia: prevalence (≥2 voids/night)

- Meta-analysis of 43 studies

Gender (age range)	Prevalence
Men (20–40 years)	2–17%
Women (20–40 years)	4–18%
Men (>70 years)	29–59%
Women (>70 years)	28–62%

Bosch & Weiss. *J Urol* 2010;184:440–446

Prevalenza della OAB in Europa ed in Italia

5,2 milioni di italiani sono affetti da OAB [4]

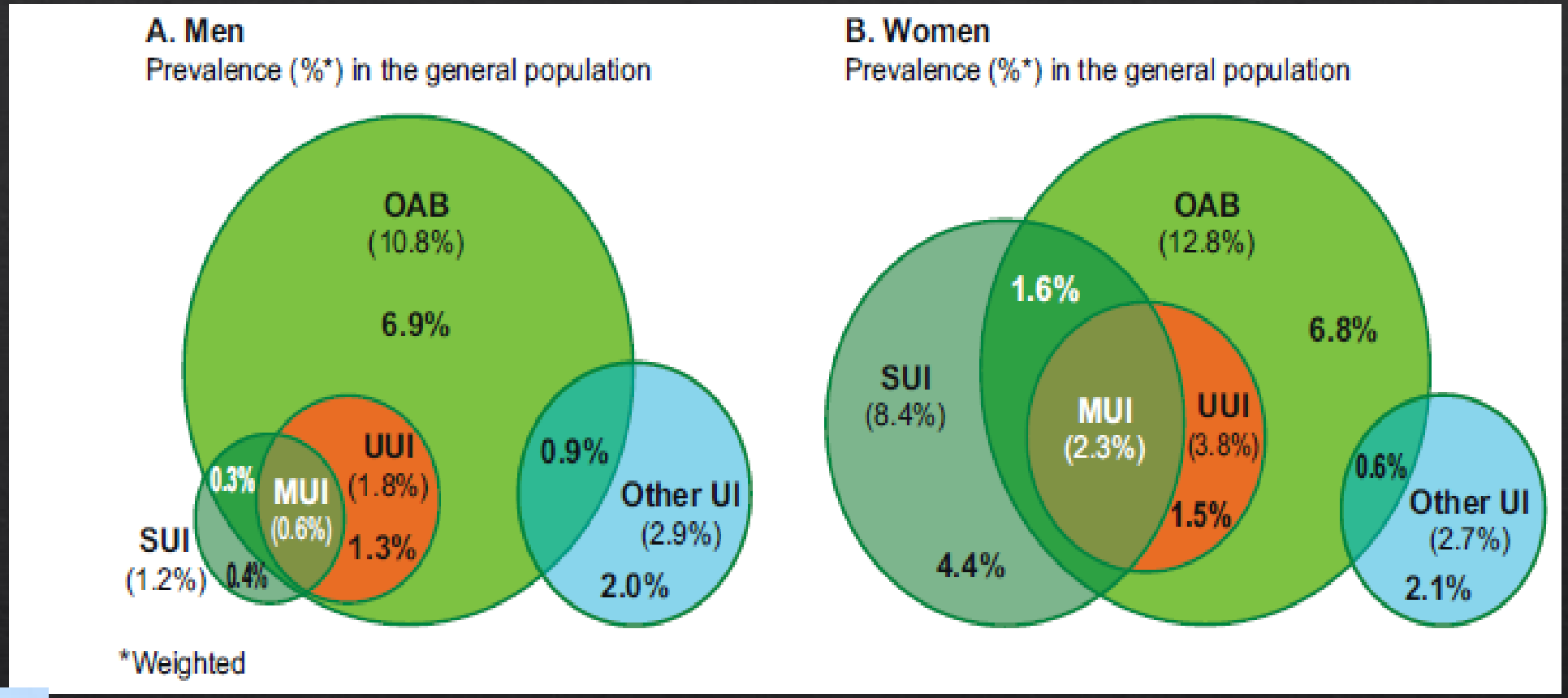
- In Italia, i sintomi di OAB sono presenti:
  nel 10,7% della popolazione maschile ≥ 18 anni [4]
  nel 11,6% della popolazione femminile ≥ 18 anni [4]

- In 2 studi, condotti rispettivamente in 5 e 6 paesi europei, i sintomi di OAB sono risultati presenti:
  nel 11,8% della popolazione ≥ 18 anni [1]
  nel 16,6% della popolazione ≥ 40 anni [2]

- In Europa, la prevalenza della OAB aumenta con l'età:
  oltre il 20% della popolazione di 70-74 anni d'età [2]
  oltre il 40% della popolazione ≥ 75 anni d'età [2]

49 milioni di europei sono affetti da OAB[3]

1. Irwin DE et al. *Eur Urol.* 2006; 50 (6): 1306-1315
2. Milsom I et al. *BJU Int.* 2001; 87 (9): 760-766
3. Hashim H, Abrams P. *Curr Opin Urol* 2007;17(4): 231-236
4. Irwin DE et al. *BJU Int* 2009; 103 (2): 202-209



PREVALENZA (%) DEI SOTTOTIPI DI INCONTINENZA URINARIA TRA I PARTECIPANTI ALLO STUDIO EPIC
IRWIN - EUR UROL 2006

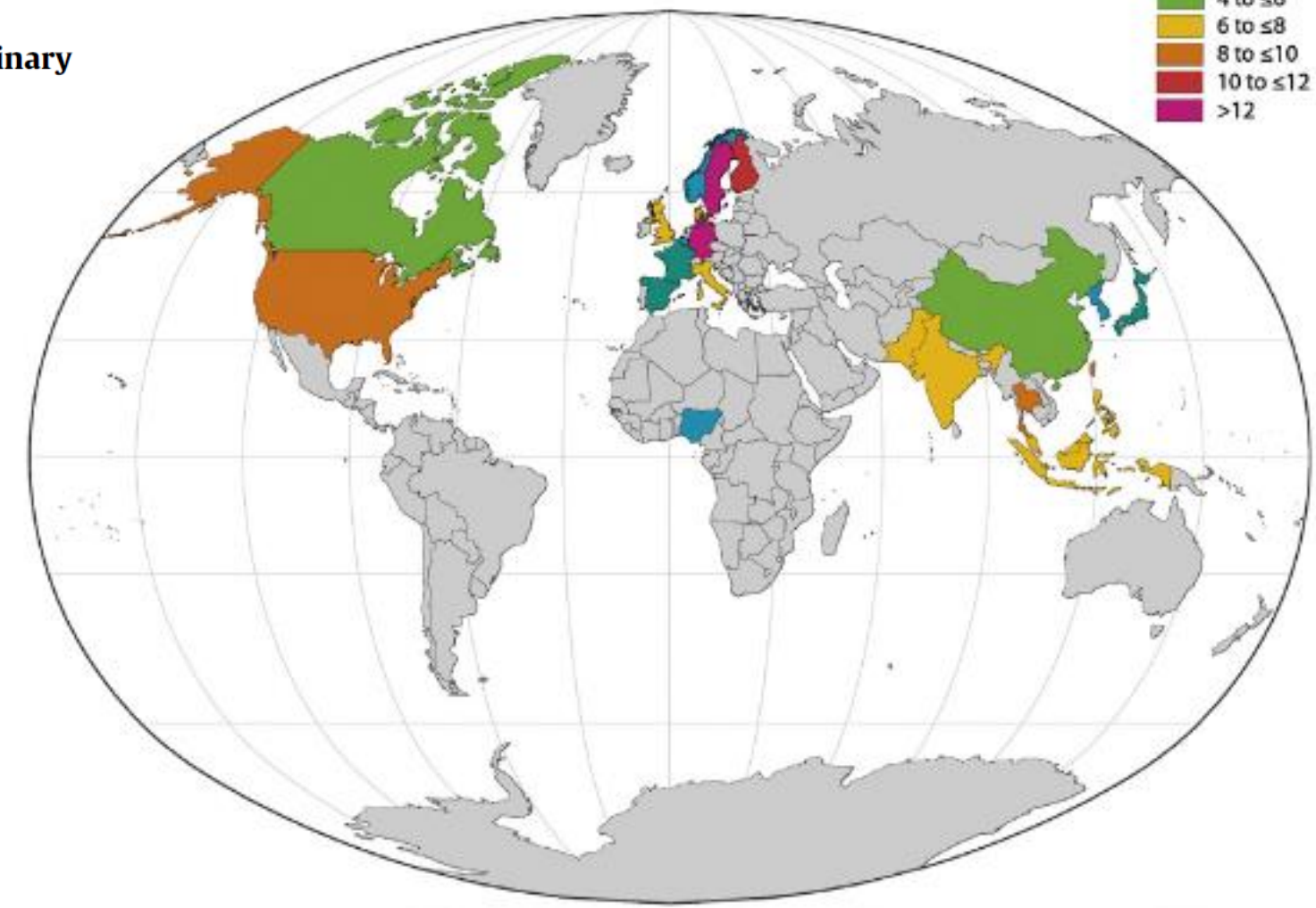
EUROPEAN UROLOGY 65 (2014) 79–95

available at www.sciencedirect.com
journal homepage: www.europeanurology.com

European Association of Urology

Platinum Priority – Review – Incontinence

Editorial by Piotr Radziszewski and Bartosz Dybowski on pp. 96–98 of this issue

Global Prevalence and Economic Burden of Urgency Urinary Incontinence: A Systematic Review

EUROPEAN UROLOGY 65 (2014) 79–95