



Letter to the Editor

## Women's Urological Health as a Priority to the Woman Well Visit



### To the Editors:

We would like to add *urological health* as a priority to the woman well visit described by Alisa Pascale and her colleagues (Pascale, Beal, & Fitzgerald, 2016), which was your most recent Editor's Choice.

Women are disproportionately affected by urological conditions compared with men. Epidemiological data shows that over 35% of adult women in the United States struggle with urinary incontinence versus less than 7% of men, and women have a greater than 50% lifetime risk of urinary tract infections (Carls, 2007; Fultz et al., 2005; Jacome, Oliveira, Marques, & Sa-Couto, 2011; Qaseem et al., 2014; *Urologic Diseases in America*, 2012). The prevalence of bladder pain syndrome among women is 3.8%, which was as high as other chronically painful conditions, such as migraine (2.1%), asthma (3.7%), and back pain (4.1%; Zondervan et al., 1999), and approximates the prevalence of other disabling conditions cited in Pascale et al. Urological conditions pose serious negative consequences to concentration, physical activity levels, self-confidence, and ability to complete work without requiring interruption (Carls, 2007; Jacome et al., 2011), and for many women these are highly debilitating (Kinsey, Pretorius, Glover, & Alexander, 2016; Litwin et al., 2005; Miller, Saigal, & Litwin, 2009; Sinclair & Ramsay, 2011). Last, women with incontinence are 80% more likely to have depression compared with continent women in the same age group (Nygaard, Turvey, Burns, Crischilles, & Wallace, 2003). Despite the high prevalence and incidence of urinary incontinence, as many as 90% of women never discuss their urologic symptoms with their health care providers (Carls, 2007; Jacome et al., 2011). Similarly, conditions such as overactive or underactive bladder and bladder pain syndrome are rarely discussed with providers, leading to extended and unnecessary delays in diagnosis or treatment. It is clear that women's urological health rises to the level of a public health issue.

A number of effective and simple screening tools to assess urinary incontinence have been developed in the United States and Australia (Bradley et al., 2005; Brown et al., 2006; Gunthorpe, Brown, & Redman, 2000; Sandvik, Seim, Vanvik, & Hunskaar, 2000; Suskind et al., 2014, 2015). Further, clinical evidence demonstrates that implementation of early interventions to address urological conditions has a significant and lasting positive effect on women's health (Dumoulin, Hay-Smith, Habee-Seguin, & Mercier, 2015; Dumoulin et al., 2016). These interventions include simple behavioral modifications like fluid modification, pelvic floor exercises,

pharmacologic treatment, or even surgical options. Therefore, the tools to screen, treat, and prevent future complications are in place, and have been demonstrated to be effective in clinical settings.

Pascale et al. properly highlight the need to "solidify the value of this preventive health visit, to help clinicians prioritize among the many potential highest value [woman well visit] elements, and to educate and empower women to fully utilize their preventive health and screening benefits." However, we argue that the scoping review methodology that was used by Pascale et al. (2016), and the methods used to develop well-visit guidelines in general, have consistently ignored urological health. For example, neither the U.S. Preventive Services Task Force nor the 2011 *Institute of Medicine* (2011) committee to evaluate Clinical Preventative Services for Women included an urologist or urogynecologist among the subspecialists. Furthermore, the data sources used to determine morbidity and mortality in Pascale or before (e.g. *Healthy People 2020*) do not include measures with respect to urological health. Because the guidelines developed by these different bodies were determined by consensus (even if only evidence-based services were considered), then the lack of specialists and exclusion of relevant epidemiological data regarding urological health would almost certainly result in the omission of this important topic in the woman well visit.

The Society for Women's Health Research Interdisciplinary Network on Women's Urological Health strongly urges health care providers to actively engage in conversations with women during the Woman Well Visit as an opportunity to determine the need and proper treatment course for better urological health in all women.

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