



Service Priorities and Programmes
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A cross-sectional survey of public primary care doctors' knowledge, attitude and practice of female urinary incontinence in Hong Kong

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Introduction

Female urinary incontinence (UI) is a common condition encountered in the primary care and it can result in quality of life impairment. Recent international guidelines recommend initial conservative treatment, making primary care an ideal setting for the management of female UI. However, overseas studies have found a wide variation in knowledge, attitudes, practices, and comfort level among family physicians about UI. Are local primary care physicians equipped for this task and what are the barriers encountered during their practice? Hopefully, our study can provide evidence based information of the local situation and guide us for improvements on female UI management.

Objectives

(1) Assess the knowledge, attitude and practice of public primary care doctors to female UI. (2) Assess practical barriers encountered. (3) Assess adequacy of doctors' training on UI.

Methodology

A cross-sectional survey involving all full-time doctors (113 in total) working in General Out-patient Clinics of Kowloon West Cluster during April to May 2012.

Result

Results: A total of 85.6% response rate. 43.2% describe UI as a very common problem. 68.5% believe they clearly understand UI. However, 57.9% describe managing UI as difficult and 45.3% think it takes too much time. Only 27.4% feel very comfortable dealing with UI. 85.3% considered history taking as very important. Physical examination, urodynamics, urinalysis, voiding diaries and midstream urine for culture and sensitivity were considered important by over 80% of respondents. Pelvic floor exercises, lifestyle changes and bladder training were most frequently used treatments. 88.4% believe longer consultation time will improve UI management. Knowledge on UI was most frequently acquired through reading journals and

textbooks. Conclusions: The awareness of UI and its impact on patients are well acknowledged by public primary care doctors. There are some variations in knowledge and referrals but most practices are in line with current international guidelines. However, only 27.4% are comfortable dealing with UI due to barriers encountered and longer consultation time was considered most likely to improve UI management. Further research should focus on solutions how to support primary care doctors to tackle major barriers to facilitate better UI management.