Presence of significant distress and impact on quality of life 22 19.5 102 42.5 To get treatment for symptoms 29 25.742 To get a diagnosis 14 12.4 39 16.3 11.5 32 13.3 Because previous treatment was unsatisfactory 13

Females (n = 240)

10.4

175

26.3

20.8

38.3

14.6

14.2

7.5

9.5

2.1

14.2

19.1

16.3

17.1

675

19.2

13.3

84.6

15.4

16.7

13.3

85.4

1.3

No.

25

63

50

92

35

34

18

23

5

34

46

39

41

162

46

32

203

37

40

32

3

3.3 (1.5)

205

Males (n = 113)

30.9

47.8

20.4

28.3

3.5

39.8

8.8

7.1

0.0

6.2

17.8

12.4

7.9

62.8

20.4

16.8

71.7

28.3

43.4

24.8

70.8

4.4

6.8(2.3)

No.

35

54

23

32

4

45

10

8

0

7

20

14

9

71

23

19

81

32

49

28

80

5

P-value

0.004

0.003

< 0.001

0.827

0.628

 0.725^{c}

0.007

0.624

0.073°

< 0.001

0.682

0.002

< 0.001

0.013

 0.023^{d}

Table 4 Pattern of care seeking with urinary incontinence by male and female patients

Care seeking

No

Surgery

None

≤ 30

31 - 90

> 90

Surgery Medication

Medications

Reason for help seeking

Fear of serious underlying disease

Previously sought medical help

Behavioural therapies^a

Going to the toilet often

Avoiding sexual intimacy

Changing underwear frequently

Reducing fluid intake

Frequent washing

Delay in seeking care (days)

Health care resource utilization

Use of diagnostic procedures

Recommended treatment options

Duration of hospital stay [mean (SD) days]

Behavioural therapies include pelvic floor muscle exercises, biofeedback, bladder training and practising timed urination.

Hospital outpatient care Inpatient hospitalization

Behavioural therapies*

Categories are not mutually exclusive. 'Fisher exact test; 'Mann-Whitney U-test.

SD = standard deviation.

Self-care practices (coping mechanisms b

Avoiding activities that might provoke incontinence

Wearing adult incontinence pads or diapers