

Gothenburg Continenence Research Centre



**Sahlgrenska Academy at Gothenburg University,
Gothenburg, Sweden**

Incontinence

- Discomfort for the afflicted individual
- Underdiagnosed & undertreated
- Socially isolating
- Important factor in decision to institutionalise an elderly person
- Costly





Incontinence

Urinary incontinence (30-60%)

Anal incontinence (11-15%)

Common problems affecting millions of women and men throughout the world

**Negative effect on:
Quality of life and Working ability
Sporting activities and Sexual activity**

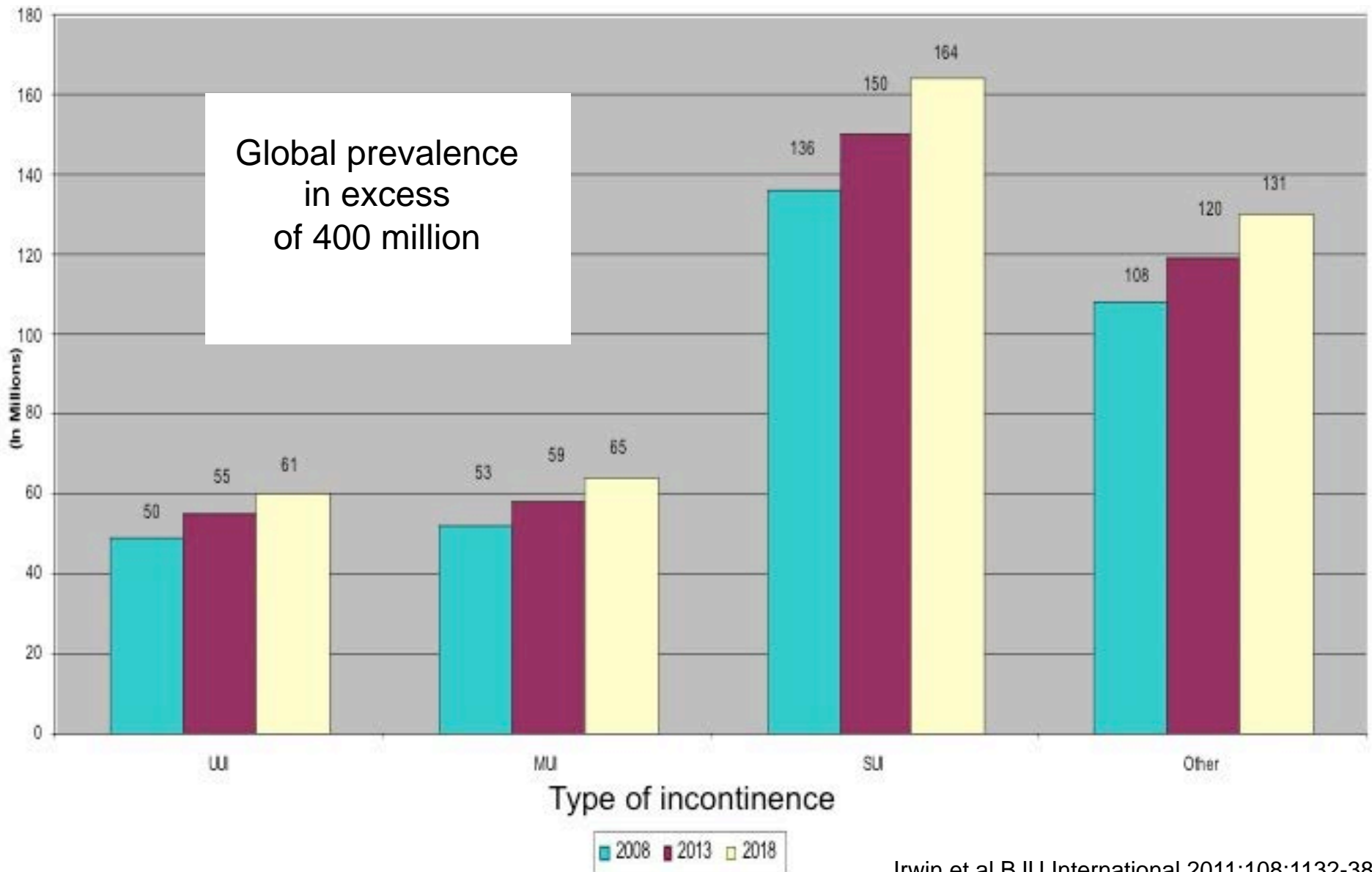
Global costs high



Milsom I, Altman D, Cartwright R, Lapitan MC, Nelson R, Sillén U, Tikkanen K. Epidemiology of Urinary Incontinence (UI) and other Lower Urinary Tract Symptoms (LUTS), Pelvic Organ Prolapse (POP) and Anal (AI) Incontinence. *In: Incontinence*, Editors Abrams, Cardozo, Kouhry and Wein. Health Publications Ltd, Paris 2013

Global prevalence of Urinary Incontinence (UI)

Estimated number of individuals with UI 2008, 2013 and 2018 grouped according to type of UI



Global prevalence and economic burden of urgency urinary incontinence – a systematic review

Milsom et al. *European Urology* 2014;65:79-95

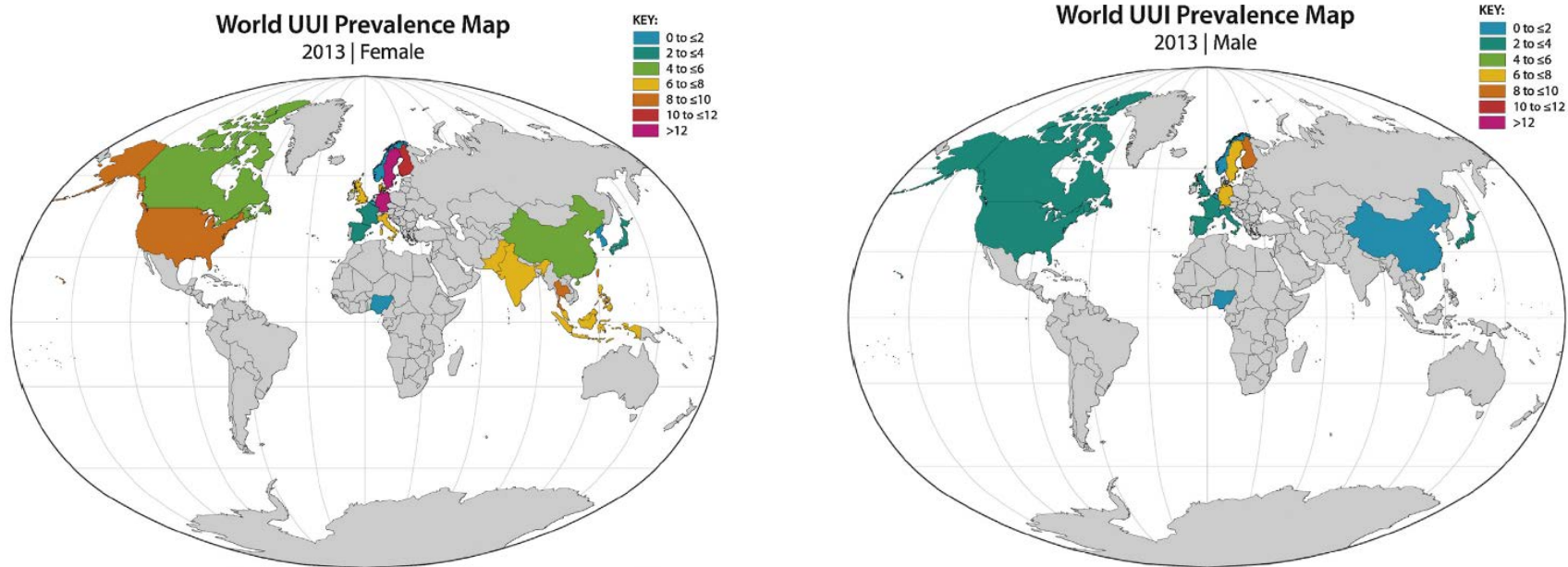
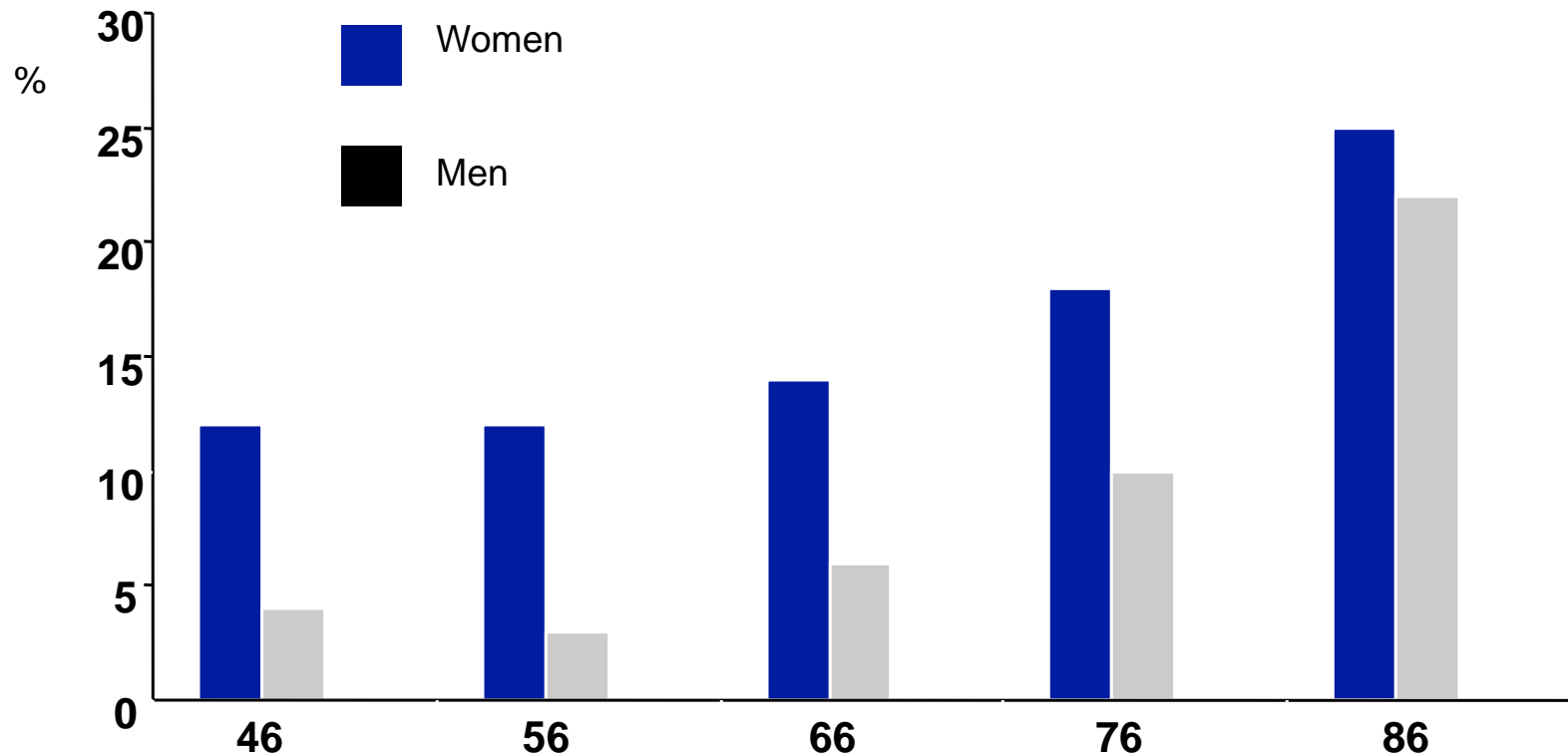


Fig. 3 – World map illustrating urgency urinary incontinence (UUI) prevalence rates for adult men and women. Prevalence rates reported in each captured study were adjusted for the current age distribution of the country's population obtained from the International Data Base of the US Census Bureau [64]. Age-adjusted prevalence rates were averaged when more than one study had been performed in a single country. For studies that reported separate rates for UUI, mixed urinary incontinence (MUI), and stress urinary incontinence, the UUI prevalence rate was calculated based on the sum of UUI and MUI rates.

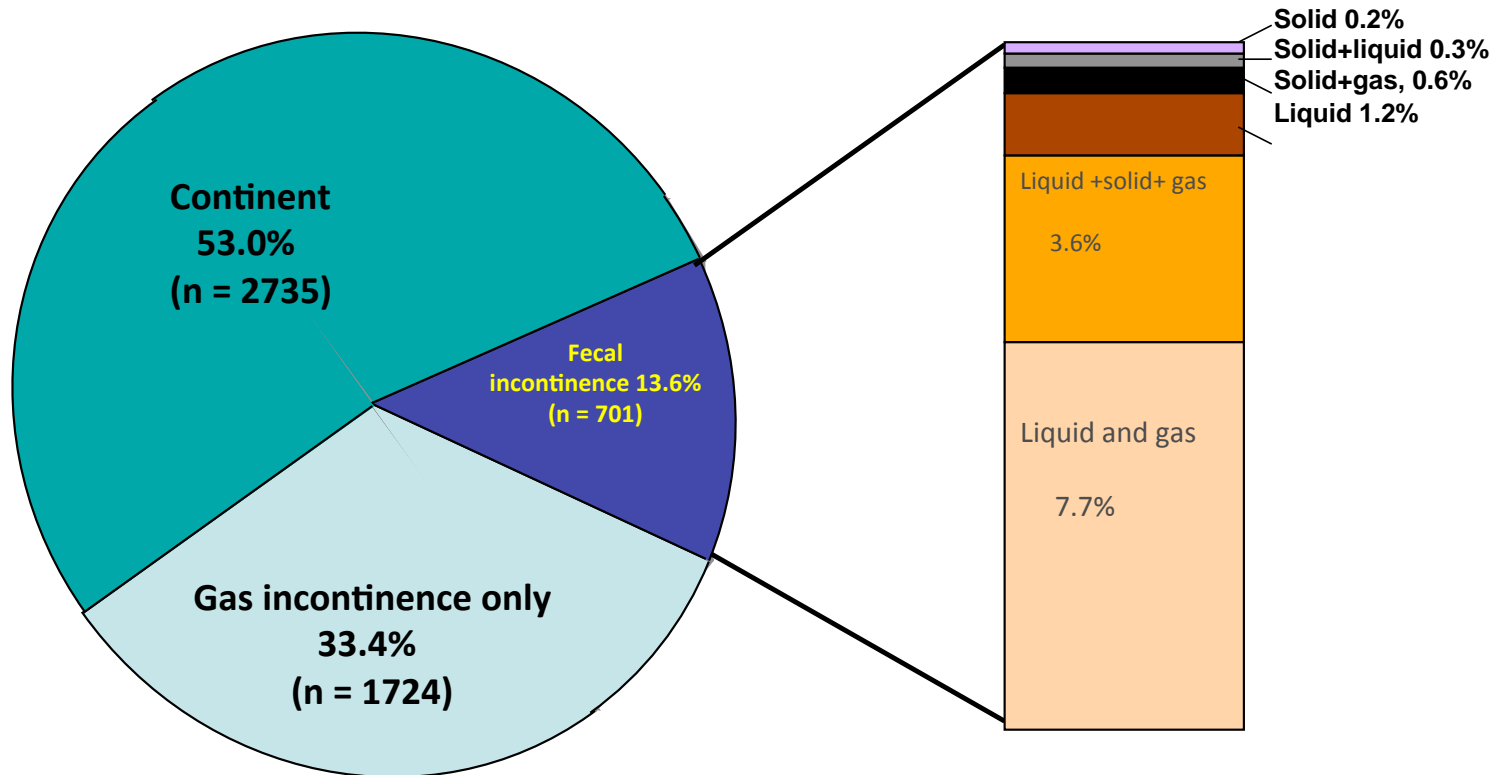
Comparison of the prevalence of urinary incontinence (≥ 1 week) in women and men of the same ages

Data obtained from two population-based Swedish studies which included 7 459 women (Milsom et al. 1993) and 7 763 men (Malmsten et al. 1997) respectively



Milsom et al. J Urol 149:1459-1462, 1993
Malmsten et al. J Urol 158:1733-1737, 1997

The prevalence of anal incontinence in one-para women 20 years after childbirth

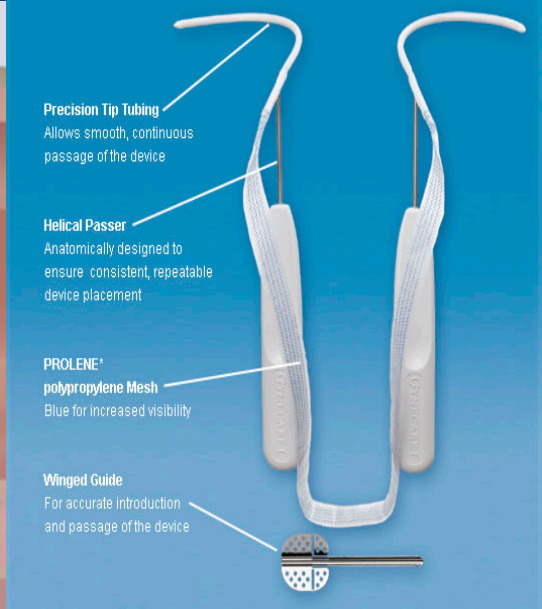
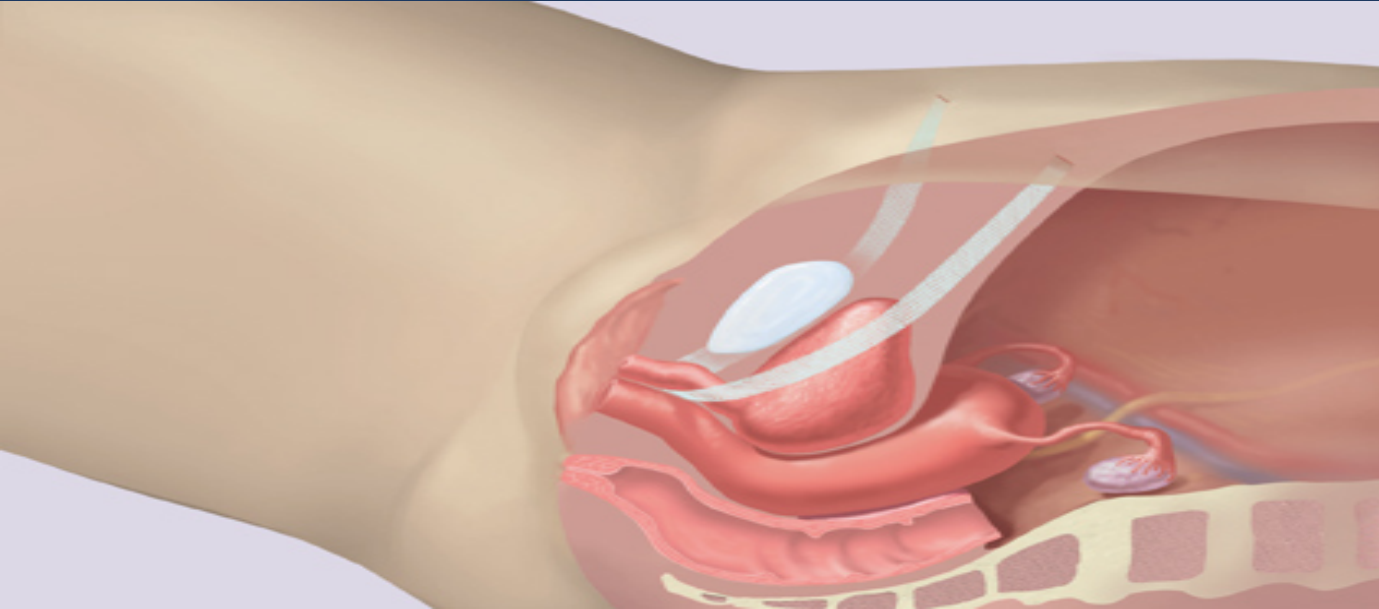


Scientists and clinicians from the Nordic countries have made important contributions to our knowledge regarding the aetiology and management of urinary incontinence





TVT- Tension Free Transvaginal Tape



Int Urogynecol J (2013) 24:1265–1269

DOI 10.1007/s00192-013-2090-2

ORIGINAL ARTICLE: EDITORS' CHOICE

Seventeen years' follow-up of the tension-free vaginal tape procedure for female stress urinary incontinence

**C. G. Nilsson • K. Palva • R. Aarnio • E. Morcos •
C. Falconer**

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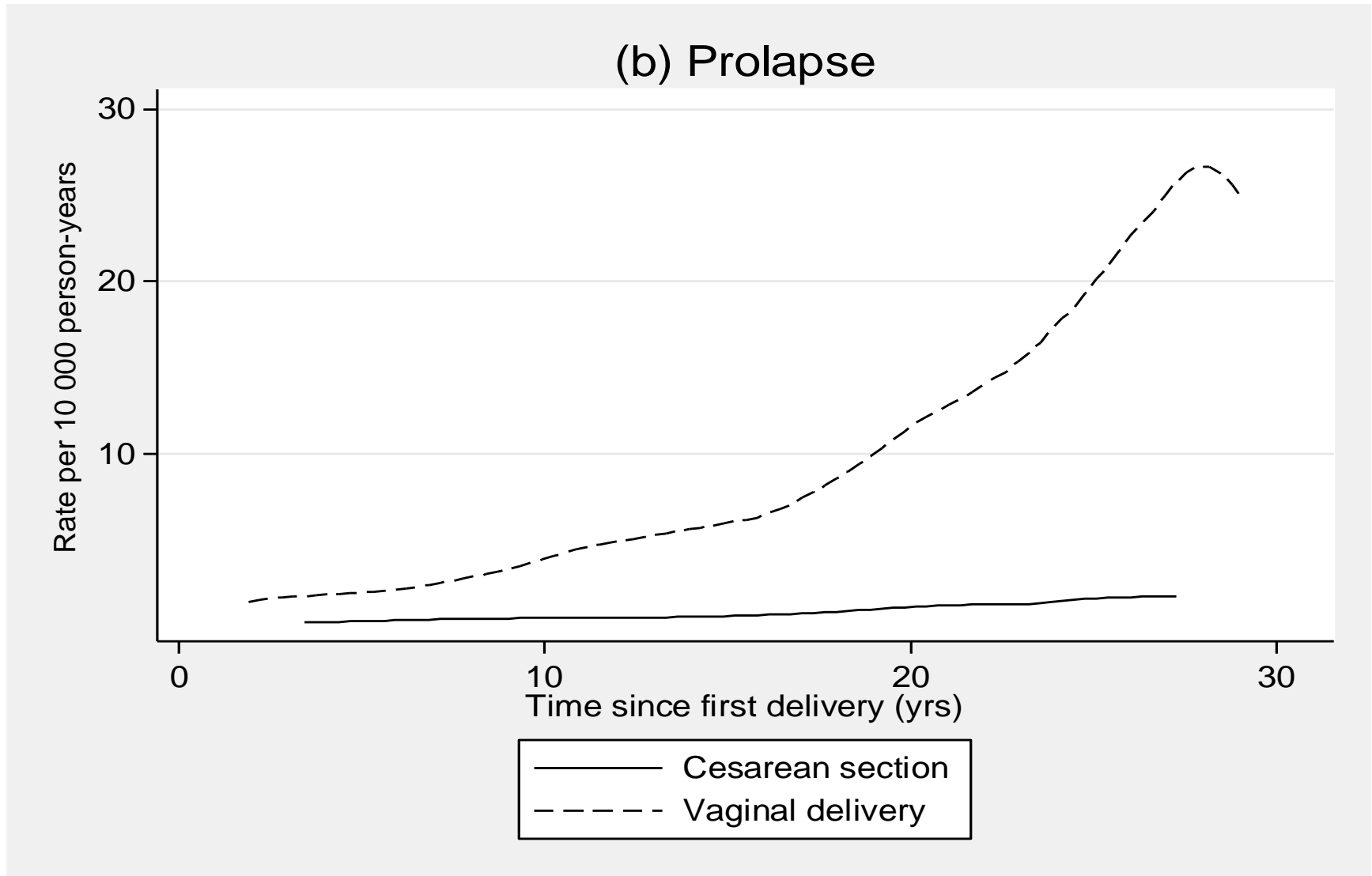
ORIGINAL ARTICLE

Urinary Incontinence after Vaginal Delivery or Cesarean Section

Guri Rortveit, M.D., Anne Kjersti Daltveit, Ph.D., Yngvild S. Hannestad, M.D.,
and Steinar Hunskaar, M.D., Ph.D., for the Norwegian EPINCONT Study

Rate of pelvic organ prolapse surgery in relation to mode of delivery and time from first childbirth

(Leijonhufvud et al. Am J Obstet Gynecol 2011;204(1):70.e1-7)



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European Association of Urology



Incontinence

Genetic Influences Are Important for Most But Not All Lower Urinary Tract Symptoms: A Population-Based Survey in a Cohort of Adult Swedish Twins

Anna-Lena Wennberg^a, Daniel Altman^{b,c}, Cecilia Lundholm^b, Åsa Klint^b, Anastasia Iliadou^b, Ralph Peeker^d, Magnus Fall^d, Nancy L. Pedersen^b, Ian Milsom^{a,}*

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Voiding Dysfunction

The Prevalence of Clinically Meaningful Overactive Bladder: Bother and Quality of Life Results from the Population-Based FINNO Study

*Camille P. Vaughan^{a,b}, Theodore M. Johnson II^{a,b}, Mika A. Ala-Lipasti^{c,d,e}, Rufus Cartwright^f,
Teuvo L.J. Tammela^{c,d}, Kimmo Taari^g, Anssi Auvinen^h, Kari A.O. Tikkinen^{g,i,*}*

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Platinum Priority – Prostate Cancer

Editorial by Thomas E. Ahlering on pp. 226–227 of this issue

Urinary Incontinence and Erectile Dysfunction After Robotic Versus Open Radical Prostatectomy: A Prospective, Controlled, Nonrandomised Trial

Eva Haglind^{a,}, Stefan Carlsson^b, Johan Stranne^c, Anna Wallerstedt^b, Ulrica Wilderäng^d, Thordis Thorsteinsdottir^{d,e}, Mikael Lagerkvist^f, Jan-Erik Damber^c, Anders Bjartell^g, Jonas Hugosson^c, Peter Wiklund^b, Gunnar Steineck^{d,h},
on behalf of the LAPPRO steering committee[†]*

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Incontinence

Urinary Incontinence, Overactive Bladder, and Other Lower Urinary Tract Symptoms: A Longitudinal Population-Based Survey in Men Aged 45–103 Years

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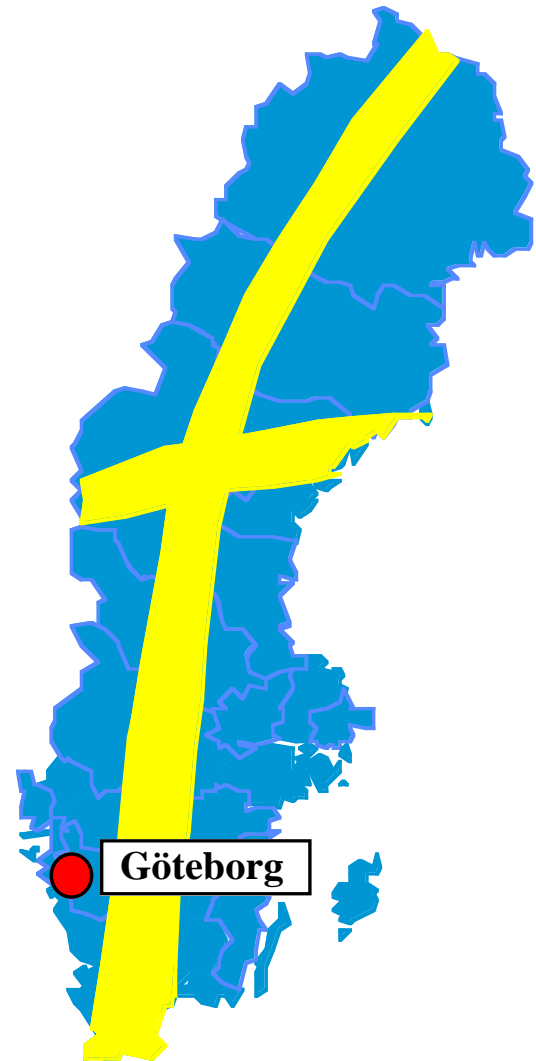
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Sweden has unique conditions and the prerequisites to perform good clinical research, in particular continence research

- Public health care system
- Patient registers
- Surgical registers, eg GynOp register,
- Medical birth register
- Cancer register etc
- Triple helix cooperation, clinical practice, academia and industry





GCRC

Gothenburg Continence Research Centre

Aim

Our aim is to establish the Gothenburg Continence Research Centre (GCRC) as a national, multidisciplinary, internationally recognised centre of excellence in continence care based on a triple helix cooperation between Academia, Clinical Practice and Industry



GCRC

Gothenburg Continence Research Centre

Mission

Creation of scientific evidence regarding cost effective, pragmatic excellent continence care to enhance quality of life and preserve dignity of sufferers



GCRC

Gothenburg Continence Research Centre

- **Vision**

Create novel, pragmatic prevention strategies

Creation of National and International Guidelines for Continence Care based on the Optimum Continence Service Specification and its Health Economic model

Address issues and gaps regarding continence care defined in the Swedish Council on Technology Assessment in Health Care report (SBU, Oct 2013)

Creation of evidence for the role and value of devices and services.



GCRC

Gothenburg Continence Research Centre

Multidisciplinary Participation

- Gynaecology
- Urology
- Geriatric Medicine
- Dermatology
- Paediatrics
- General Practice
- Nursing
- Health Economics
- Health Education
- Health Management



GCRC Gothenburg Continenence Research Centre

International Cooperation



UNIVERSITY OF
ALBERTA



UNIVERSITY
of
OTAGO
Te Whare Wānanga o Ōtago
NEW ZEALAND



Disclosures

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