

Exploring the Relationship Between Urinary Incontinence and Physical Activity Participation

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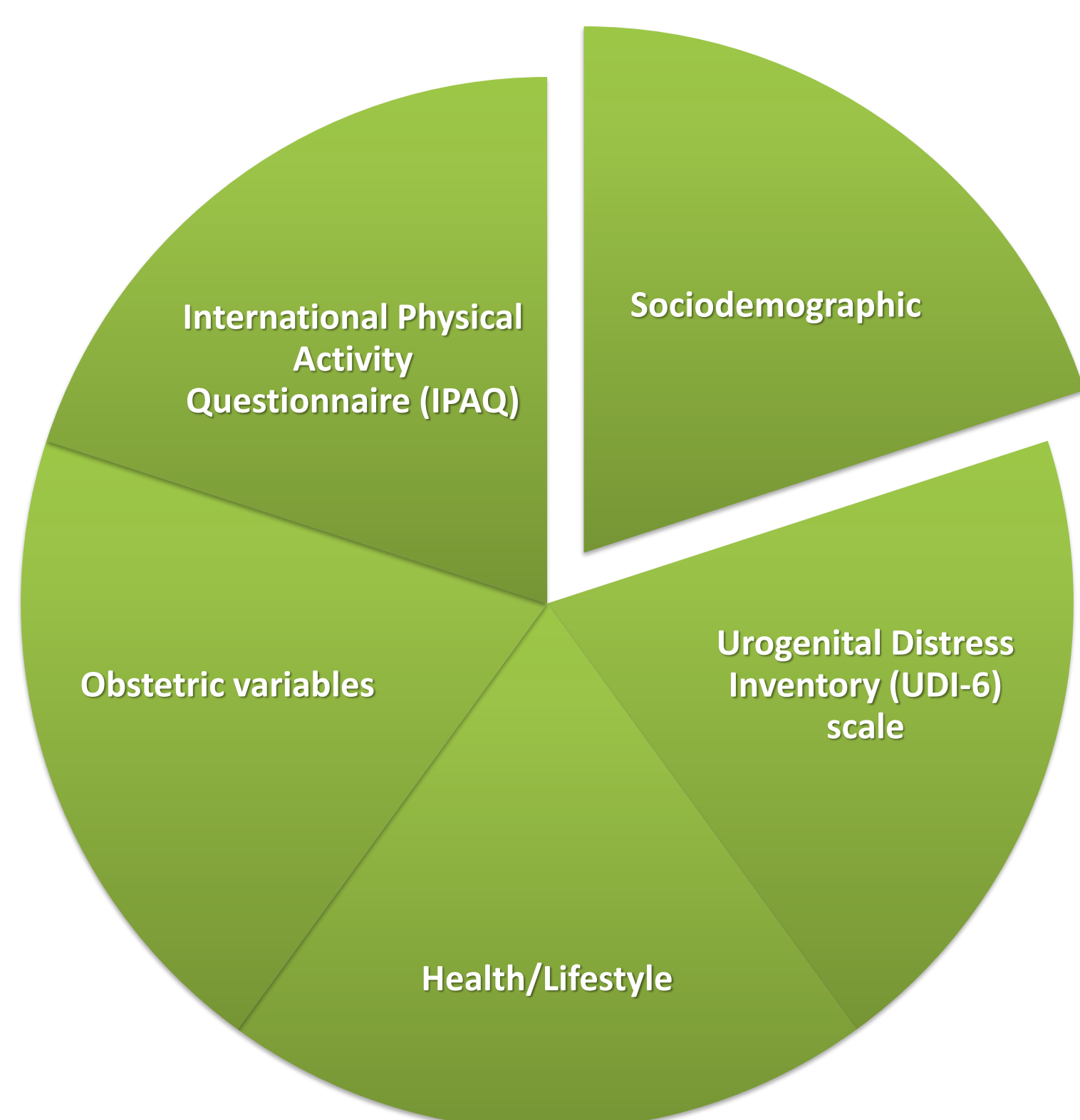
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INTRODUCTION & AIM

The latest guidelines from the World Health Organization suggest that all adults, including those with chronic conditions or disabilities, should engage in a minimum of **150 to 300 minutes of moderate-to-vigorous aerobic exercise each week**. The health implications of physical inactivity are significant, and if global physical activity levels do not improve, the estimated cost associated with this inactivity could reach around USD 5.2 billion over an **11-year period from 2020 to 2030**. This study investigates the impact of urinary incontinence (UI) on physical activity levels among women, highlighting that nearly two-thirds of women in the U.S. perceive UI as a barrier to exercise.

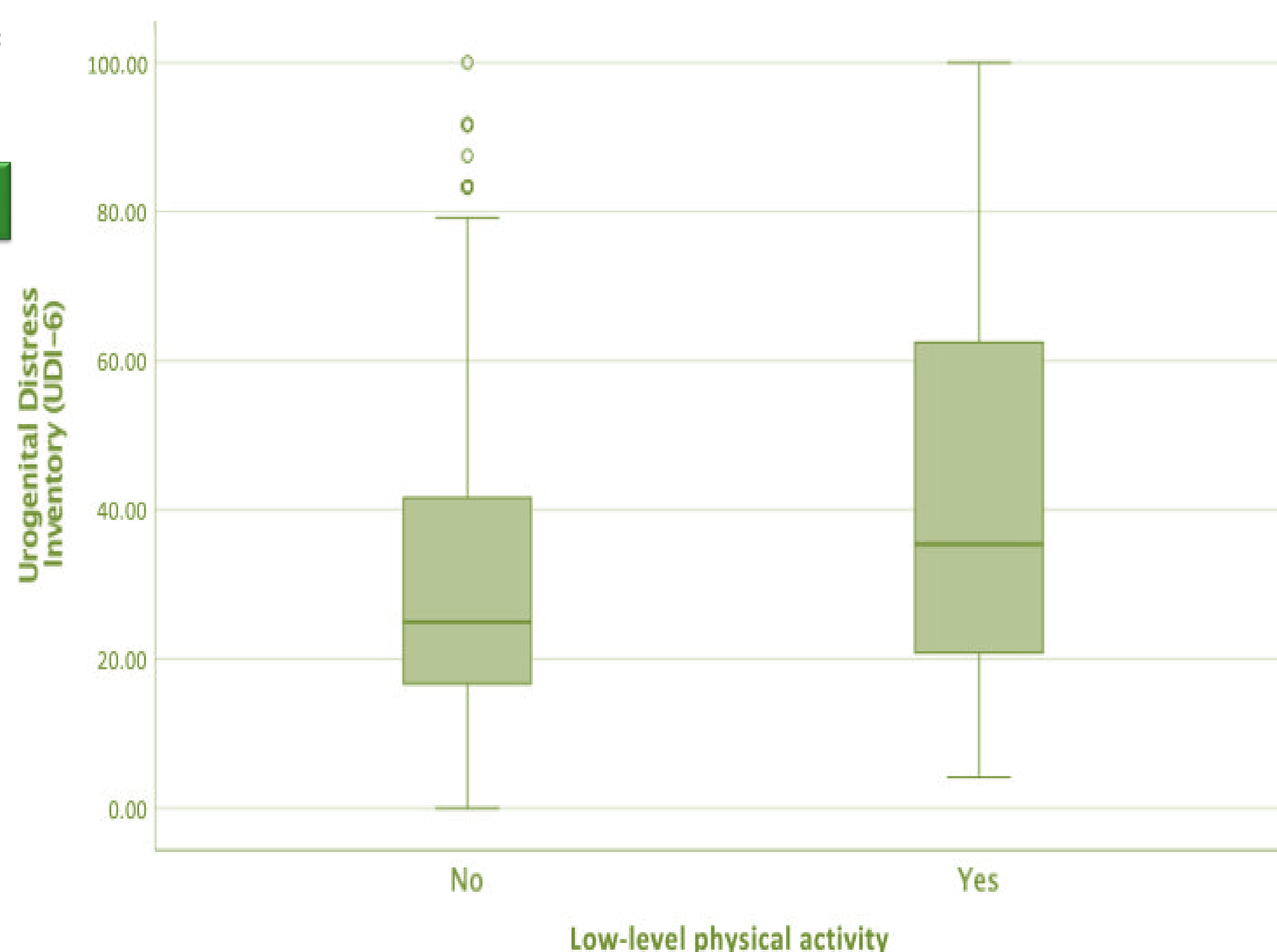
METHOD

Conducted in Spain during 2021 and 2022. The primary objective was to determine how UI influences physical activity patterns. Researchers measured physical activity levels using the International Physical Activity Questionnaire (IPAQ) and assessed UI's impact through the Urogenital Distress Inventory (UDI-6) scale. Various sociodemographic, health, lifestyle, and obstetric data were collected, followed by statistical analyses using binary logistic regression to establish adjusted odds ratios (aOR).



RESULTS & DISCUSSION

This observational study involved **1,446 women**, with **55.8%** (807) experiencing UI and **25.7%** (371) reporting low physical activity. The findings revealed that mixed incontinence (**aOR: 1.53**) and a higher severity of urinary symptoms (**UDI-6 score; aOR: 1.014**) were significantly associated with **lower physical activity levels**. Other contributing factors included **age**, body mass index (**BMI**), **pelvic pain**, and **income level**, all linked to reduced physical activity ($p < 0.001$).



What can Professionals do?

Managing pelvic floor disorders, especially urinary incontinence, requires **recognizing** and **addressing decreased physical activity**, which can harm overall well-being. Healthcare providers should assess activity levels and promote physical activity. Increasing **awareness** through **routine screening** and **early intervention** is essential for timely treatment, improving **quality of life** and preventing health decline related to pelvic floor issues.

CONCLUSION

This study indicates that women suffering **from mixed-type UI** are more likely to have **low physical activity or inactivity**. Furthermore, the severity of urinary symptoms correlates with an increased likelihood of reduced activity levels among women with UI. This highlights the need for **awareness** and **potential interventions** to address the physical activity barriers posed by UI, **ultimately aiming to improve the quality of life of affected women**.