





Original research

Annual direct cost of urinary incontinence ☆

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Abstract

OBJECTIVE:

To estimate the annual direct cost of urinary incontinence in 1995 US dollars.

METHODS:

Epidemiologically based models using diagnostic and treatment algorithms from published clinical practice guidelines and current disease prevalence data were used to estimate direct costs of urinary incontinence. Prevalence and event probability estimates were obtained from literature sources, national data sets, small surveys, and expert opinion. Average national Medicare reimbursement was used to estimate costs, which were determined separately by gender, age group, and type of incontinence. Sensitivity analyses were performed on all variables.

RESULTS:

The annual direct cost of urinary incontinence in the United States (in 1995 dollars) was estimated as \$16.3 billion, including \$12.4 billion (76%) for women and \$3.8 billion (24%) for men. Costs for community-dwelling women (\$8.6 billion, 69% of costs for women) were greater than for institutionalized women (\$3.8 billion, 31%). Costs for women over 65 years of age were more than twice the costs for those under 65 years (\$7.6 and \$3.6 billion, respectively). The largest cost category was routine care (70% of costs for women), followed by nursing home admissions (14%), treatment (9%), complications (6%), and diagnosis and evaluations (1%). Costs were most sensitive to changes in incontinence prevalence, routine care costs, and institutionalization rates and costs.

CONCLUSION:

Urinary incontinence is a very costly condition, with annual expenditures similar to other chronic diseases in women.

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