

FOR IMMEDIATE RELEASE

Report Calls for New, National Approach to Urinary Incontinence

The Canadian Continence Foundation launches a new report highlighting concerns related to social stigma, economic impact and access to treatment

The Canadian Reality of Incontinence

- Over 3.5 million or 10 per cent of Canadians suffer from some form of urinary incontinence¹
- The economic impact of overactive bladder (OAB) and urgency urinary incontinence (UUI) is estimated at just under \$1 billion CAD²
- Patients with urinary incontinence often face embarrassment and social stigma negatively impacting their quality of life and potentially leading to depression and feelings of isolation³

PETERBOROUGH, ON, April 14, 2015 – The Canadian Continence Foundation (TCCF) today unveiled a new report that places a spotlight on urinary incontinence, a condition including Over Active Bladder (OAB) and Urgency Urinary Incontinence (UUI) that impacts more than 3.5 million Canadians. The report entitled *Equity in access to pharmaceutical treatments for overactive bladder and urgency urinary incontinence in Canada* looks at regional disparities in access to treatment, the economic and productivity impact of the condition, and the significant stigma still plaguing many patients.

"It is time to take a hard look at the issue of incontinence in Canada," says Dr. Adrian Wagg, Professor of Healthy Ageing and Divisional Director for Geriatric Medicine in the Faculty of Medicine and Dentistry at the University of Alberta in Edmonton and President of The Canadian Continence Foundation. "We need to address how current treatment protocols are failing today's patients and how many of these patients struggle in silence because of our reluctance to talk about it."

According to TCCF, patients with incontinence who require medication are restricted to using first-line therapy, despite side effects and tolerability issues. The adherence rates for the current first-line treatments are low and often impact a patient's future decision to not try another medication because of their negative experience. Newer therapies have demonstrated a more positive side-effect profile with patients reporting improvements in symptom management.

The report goes on to suggest that equal, unlimited access to therapies across the country is a first step to improving quality of life for patients.

Wagg adds, "Once drug therapy is introduced, it makes no sense – physically or economically – to limit physicians treatment choices. Our report pinpoints the changes that we believe will benefit the patient community as well as the Canadian economy."

Specifically, TCCF urges decision makers to consider immediate actions that will begin to address these incontinence-related issues. These include the following:

- 1. Equitable access in all provinces to all OAB drugs, especially those with a positive CDR recommendation.
- 2. No restrictions on the use of newer pharmacological agents with a proven benefit in an older population, compared to the current standard.

- 3. Physician-choice for an individualized approach to treatment.
- 4. A wider perspective on the cost of incontinence to the person, the caregiver and society at large.

The report also flags future concerns including the 9.6 million Canadian 'baby boomers' who are being diagnosed with incontinence at a rapid rate, placing significant pressure on health resources. Estimates suggest that 30 – 40 per cent of those aged 75 years and older will suffer from UUI.⁵ A Ministry of Health and Long-term care report indicates that urinary incontinence was identified as one of the key predicators in a senior's transition from independent community living to admission to a long-term care (LTC) home, representing a significant cost to the health care system.⁶ TCCF suggests that a coherent strategy ensuring access to various treatment options will help reduce the overall cost and individual impact of the condition.

"The time to address these issues is now," says Jacqueline Cahill, Executive Director of the Canadian Continence Foundation. "Our hope is that patients and physicians will not only be able to have more open, productive conversations, but will also have the choices they need to offer individualized care and improved patient outcomes now and in the future."

To access the full TCCF report or for more information, please visit: www.canadiancontinence.ca.

-30-

About the Canadian Continence Foundation

The Canadian Continence Foundation (TCCF) is a national not-for-profit organization formed in 1986 to address the needs of consumers experiencing incontinence, (urinary and fecal). Prior to 1986, there was virtually no information or support available to the general public. It is industry's ongoing sponsorship that has allowed TCCF to provide information, resources, and care to incontinent patients and their caregivers. The need is great as there are over 3.5 million Canadians affected by Urinary incontinence alone.

For more information:

Jacqueline Cahill Executive Director, Canadian Continence Foundation jcahill@continence-fdn.ca, (705) 931-4488

Jonathan Macindoe energi PR jonathan.macindoe@energipr.com 416-425-9143 x. 24

REFERENCES

¹ The Canadian Continence Foundation – Last accessed on February 25th, 2015: http://www.canadiancontinence.ca/EN/index.php

² Irwin DE, Mungapen L, Milsom I, Kopp Z, Reeves P, Kelleher C. The economic impact of overactive bladder syndrome in six Western countries. BJU Int. Jan 2009;103(2):202-209.

 $^{^3}$ Zorn BH, Montgomery H, Pieper K, Gray M, Steers WD. Urinary incontinence and depression. *J Urol*. Jul 1999;162(1):82-84.

⁴ The Canadian Continence Foundation – Last accessed on February 25th, 2015:

http://www.canadiancontinence.ca/EN/index.php

5 Wennberg AL, Molander U, Fall M, Edlund C, Peeker R, Milsom I. A Longitudinal Population-based Survey of Urinary Incontinence, Overactive Bladder, and Other Lower Urinary Tract Symptoms in Women. Eur Urol. Jan 13 2009. Malmsten UG, Molander U, Peeker R, Irwin DE, Milsom I. Urinary incontinence, overactive bladder, and other lower urinary tract symptoms: a longitudinal population-based survey in men aged 45-103 years. Eur Urol. Jul 2010;58(1):149-156.

⁶ Ontario Health Technology Assessment Series 2008; Vol. 8, No. 3 Behavioural Interventions for Urinary Incontinence in Community-Dwelling Seniors