



## SUMMARY

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These findings highlight the many challenges associated with incontinence and the need to prioritise continued funding into the prevention, treatment and management of this frequently dismissed condition. This is particularly important given the projected increase in the prevalence of incontinence – and the growth of our ageing population.

The Continenence Foundation of Australia will continue to work in collaboration with its government, consumer, professional and industry partners to identify innovative strategies to address the increasing impact of incontinence on the Australian community. This will require a sustained approach that takes into consideration the myriad of complexities affecting today's health system.



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### Endnotes

- 1 Incontinence is defined as the unwanted and involuntary leakage of urine or stool (International Continenence Society, 2009).
- 2 Australian Government. (2008). *Asthma in Australia 2008*. Australian Institute of Health and Welfare.
- 3 Australian Bureau of Statistics. (2007). *National survey of mental health and wellbeing: summary of results*. Australian Bureau of Statistics.
- 4 Access Economics. (2011). *The Prevalence, Cost and Disease Burden of Arthritis in Australia*. Arthritis Australia.
- 5 Deloitte Access Economics. (2011). *The economic impact of incontinence in Australia*. Independently prepared for the Continenence Foundation of Australia.

Incontinence<sup>1</sup> is a significant health condition that can impact every aspect of a person's life. The 2011 Deloitte Access Economics report *The Economic Impact of Incontinence in Australia* highlights the broader burden faced by the estimated 4.8 million Australians living with incontinence. This fact sheet provides an overview of the key findings of the report. For further information or to download the full report visit [www.continenence.org.au](http://www.continenence.org.au).

## PREVALENCE

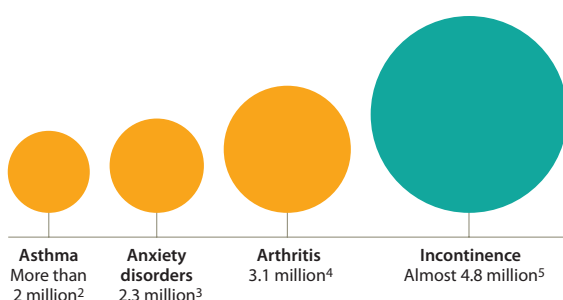
### The here and now

- In 2010, nearly 4.8 million Australians – comprising over a quarter of the Australian population aged 15 years or over – were living with incontinence.
- This figure comprises 4,626,624 million community-dwelling Australians (aged 15 years or over) and 128,473 people living in residential aged care (aged 60 years or over).
- It is likely this estimate understates the real prevalence of incontinence in residential aged care because residents who 'self manage' their condition is statistically included with residents who are continent.
- Of those in the community, 4.2 million people experience urinary incontinence, and 1.3 million people experience faecal incontinence.

### Who is affected?

- Incontinence affects both men and women – regardless of their age, gender or cultural background.
- Women are more likely to be incontinent than men – with the life stages of pregnancy and menopause a major contributing factor.
  - 80% of community-dwelling people with urinary incontinence are women
  - 62% of community-dwelling people with faecal incontinence are women
- Despite common belief, over half of the women living in the community with incontinence are under 50 years of age (1.7 million).

Prevalence compared with other chronic conditions



### A professional perspective: David's story

I work closely everyday with adult Australians of all ages affected by incontinence.

Placing incontinence in the national context, almost 4.8 million Australians are living with this condition. Given Australia's ageing population, ensuring adequate support systems are in place will be vital when we consider nearly 6.5 million people will have urinary or faecal incontinence in the next 20 years.

In order to ease the pressure this increasing prevalence will place on our health system, we need to start developing and putting the right support systems in place now. This requires a review of resources and services.

Placing a focus on prevention and education are key priorities, and prioritising research into new and innovative treatments is vital. Ensuring health professionals have the tools and skills to meet these challenges is of the utmost importance in ensuring we can continue to address this issue now and into the future.

### Incontinence in 2030: what does the future hold?

- Not surprisingly, the prevalence of incontinence is forecast to increase by 2030.
- The prevalence is estimated to increase to 6,470,776 Australians (with urinary incontinence, faecal incontinence or both) – equating to 27% of the population aged 15 years and above.
- This figure comprises 6,217,663 million community-dwelling Australians (aged 15 years or over) and 253,113 people living in residential aged care (aged 60 year or over).

70.9% of residents living in residential aged care are incontinent.

# THE COST OF INCONTINENCE

## A hidden financial burden

- In 2010, the total financial cost of incontinence (excluding the burden of disease) was estimated to be \$42.9 billion – or approximately \$9,014 per person with incontinence.
- These costs include health system expenditure (for example, through use of general practitioners and hospitals), lost earnings due to lower than average employment rates of those with incontinence, the costs of formal and informal care, and aids.
- The financial cost of incontinence does not reflect the impact on the quality of life of those affected.
- Estimates of personal expenditure associated with managing incontinence are difficult to find, but based on the literature, is estimated to be \$191.2 million with respect to urinary incontinence alone.
  - Continence pads are probably the largest single item of personal expenditure, comprising 70 per cent of total personal costs
  - Laundry costs comprise around 17 per cent of personal expenditure

## A personal perspective: Phil's story

Phil, a construction manager, was involved in a speedway accident shortly before his 50th birthday. He suffered a spinal cord injury and consequently became incontinent. Due to a lack of sensation in the lower body, Phil was unaware when he leaked urine or faeces. He initially trialled several medications to try and control the leakage, but none helped.

*“Following my accident, I began to withdraw socially and emotionally. I couldn't return to work because of my incontinence and the side effects from my medication.”*

He was later referred to a urologist, who recommended surgery. The result was positive. A combination of surgery, a retraining program, family support, and diet and lifestyle changes has allowed Phil to manage his bladder and bowel. He now mentors several young people with spinal cord injury.

In addition to being unable to return to his former level of employment, Phil spends an annual average of over \$700 on catheters and creams alone, in addition to other continence products and increased laundry costs. The annual government assistance he receives doesn't meet his ongoing costs.



## LOST PRODUCTIVITY

People with incontinence are less likely to be employed than those in the general population. This loss in productivity represents a real cost to the economy through lost earnings and consequently lost taxation revenue.

### The impact of incontinence in 2010

- In 2010, the total productivity loss due to incontinence was \$34.1 billion.
- This was a consequence of lower employment rates amongst those with incontinence (with the impact on employment greatest for those with severe incontinence).

### The bigger picture

- People with incontinence often require additional care – that is most frequently provided by a loved one.
- Whilst this informal care is provided free of charge, it is not free in an economic sense. Time spent caring is time that cannot be directed to other activities, including paid or unpaid work such as housework.
- In 2010, the opportunity cost of informal care provided to those with incontinence was estimated to be \$2.7 billion.
- This highlights one of the many hidden burdens associated with incontinence.

### A personal perspective: Keith's story

Keith contracted encephalitis as a child, leading to damage to his spinal cord and impairing his bladder control. Keith says he has been preoccupied with toileting his whole life. Keith feels the urgent need to urinate every 30 minutes, and knows he only has 10 minutes to get to the toilet. He can only hold a cupful of urine at a time.

Incontinence makes full-time employment a challenge for Keith. In a previous role, he was able to tell a few trusted colleagues who covered for him when there were major accidents and Keith needed to clean up or go home to change. Keith needed a sense of humour to constantly manage his colleague's jokes. After trying a few different toileting aids, including a urine bag, one of his trusted colleagues alerted Keith to the sloshing noises that could be heard when Keith walked.

Keith was embarrassed, and constantly nervous about being found out. Although he was reluctant at first, it took a traffic jam for him to finally accept he would have to wear pads all the time to, as he puts it, 'reclaim' his life. Now he works uninterrupted with a new employer, though with no trusted colleagues. Most importantly, he has easy access to an accessible toilet in his workplace for complete privacy.

*"With a broken leg, others sign the cast. With poor eyesight, others want to try out the new glasses. With poor bladder control, you have a secret you cannot share."*

