



WOMEN AND INTERMITTENT CATHETERIZATION

Women in need of intermittent catheterization face unique challenges that require tailored solutions. A targeted introduction and gender-specific catheters and aids will help women achieve all advantages of intermittent catheterization. Women will gain independence in self-care with fewer complications and a better quality of life.

According to the World Health Organization (WHO), women's health is a concern of high priority.¹ Women face greater difficulties in getting the healthcare they need¹ despite the fact that 70% of the 14 million people currently over 85 in Europe are women.^{1,2} This population is likely to grow even further due to the general increase in life expectancy³ and because women tend to live longer than men.¹ Lower urinary tract symptoms (LUTS) are reported to increase with age and the worldwide prevalence in women is about 48%.⁴ Occurrence of LUTS is inversely correlated to well-being and quality of life,^{5,6} and it is associated with a high economic burden.^{4,7} Women suffer in particular from LUTS associated with urine storage, such as incontinence and overactive bladder.⁴ Conservative symptom management is a central part of handling LUTS and intermittent catheterization is the preferred treatment to achieve complete voiding.⁸⁻¹¹

Common barriers for using intermittent catheterization include age, disability, obesity and female gender.¹¹⁻¹³ These barriers are now being challenged and it has been shown that intermittent catheterization can be taught to children, to older individuals and to those with disabilities such as blindness or tremors.¹² With proper support, most patients with bladder dysfunction can benefit from intermittent catheterization,^{13,14} showing success rates of up to 84%.¹¹ Somewhat lower success rates are reported in female subgroups (i.e. 88% men vs. 76% women).¹¹ A reason for this may be that women

face gender-specific challenges relating to anatomy and positioning (reclining/laying), inaccessible bathrooms and menstruation.¹⁵ As a consequence, far from everyone reacts positively to intermittent catheterization once it is initiated.¹⁶⁻¹⁸ The way in which therapy is introduced to women is likely to determine whether advantages are appreciated or the therapy is abandoned.¹⁶ If properly introduced, intermittent catheterization can mean independence in self-care, fewer complications and better quality of life.^{16,18}

An individualized, empathic and informative caregiver approach is a key factor in ensuring a good start with intermittent catheterization.^{16,18} It is suggested that interventions specifically designed for women can be useful in overcoming barriers related to the therapy.¹⁵ These include practical solutions such as handling aids and gender-specific catheters^{18,19} but also specific treatment methods, policy considerations and educational programs.¹⁵

Bladder and bowel management have a major impact on quality of life and can hinder women's daily activities and relationships.¹⁵ Being able to perform intermittent catheterization independently, and being in control of the bladder and bowel, are strongly linked to women's self-esteem, self-respect and dignity.¹⁵ Catheters and aids adapted for women, used in combination with good support and education when introducing the therapy, are central in achieving this.

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