

Joint response to Call for Evidence on a Comprehensive Approach to Mental Health

The *European Association of Urology (EAU)* aims to empower urologists to provide the best possible care. Over 19,000 medical professionals actively contribute as members to improving urological practice in all EU Member States and beyond. By offering an inclusive environment, EAU stimulates innovation and research, develops and provides education for healthcare professionals and increases awareness for urological conditions among the general public. The EAU Patient Office aims to drive better outcomes for patients by strengthening the collaboration with patient representatives. Through the EAU Patient Advocacy Group with patient organisations, the promotion of evidence-based advocacy is jointly convened.

The *World Federation for Incontinence and Pelvic Problems (WFIPP)* is a federation of national patient organisations or institutions that aims to create global visibility for incontinence and pelvic floor dysfunction, whereby the key objectives are awareness, advocacy and action.

The *International Continence Society* was founded in 1970 as a multidisciplinary worldwide organisation dedicated to urinary and fecal continence problems. Its mission is to improve the quality of life for people who are prone to or are affected by urinary, bowel and pelvic floor disorders by advancing pure, applied and clinical science through education, research, and advocacy.

Key recommendations

We welcome the Commission's ambition to develop a Mental Health Strategy for Europe. In order to take a comprehensive approach, we believe the European Commission should:

1. include in its workstream on 'cross cutting themes', a specific mention to mental health and related co-morbidities, including incontinence.
2. Include a separate workstream on translational clinical research, which could include understanding the links to urinary incontinence.

Incontinence and Mental Health

Incontinence (urinary and faecal) is a highly stigmatised condition and although it is not often mentioned in political discourse it is highly prevalent, estimated to impact 10-20 % of the EU population. While not life-threatening, it is a serious debilitating condition that negatively impacts the personal and professional lives of patients and their loved ones.

The scientific literature confirms the strong bi-directional relationship between urinary incontinence and depression and anxiety, including the dire consequences to the individual patient and family members.¹ This means that incontinence can lead to people experiencing affective symptoms such as anxiety and depression, and that these mental health problems can equally be a trigger for incontinence. For example, the presence of depression symptoms leads to a significant increase in a patient's urinary incontinence symptom reporting.

One possible explanation for the association of mental health conditions to incontinence may be that it can lead to social and functional impairment resulting in accumulation of stress and other triggers. This, in turn, may lead to depression and anxiety. The association may also further be explained by the fact that both syndromes share common biological pathways.

Incontinence is also linked to demographic change and an ageing population, and there are established links between neuro- degenerative conditions such as Alzheimer’s and Parkinson’s disease and incontinence. By way of example, patients and their carers often feel less able to leave the house, thus contributing to loneliness, which can fuel depression and anxiety. ²

In an event at the end of 2022, the EAU worked with the WFIPP, a number of patient organisations and other key stakeholders to indicate the links between cancer and urinary incontinence, which also leads to extremely negative psycho-social consequences for patients and their loved ones. ³

Therefore, we strongly believe that the link between **urological symptoms and mental health conditions needs recognition in any comprehensive mental health strategy at EU level and should be addressed through a cross-cutting theme on co-morbidities.**

In any training foreseen through the strategy, it will be important to indicate that mental health professionals would do well to take into account urological symptoms in patients with self-reported mental health problems.

Furthermore, research is also urgently needed to define the precise relationship of incontinence with mental health conditions and it may involve a mechanism in the “bladder–brain-axis”. More research is required in order to determine the association and the underlying patho-physiological pathways. We therefore firmly believe **that translational research on mental health, including related co-morbidities such as incontinence** should be included as a separate, additional workstream in the strategy.

1. Vrijens D, Drossaerts J, van Koevinge G, Van Kerrebroeck P, van Os J, Leue C,. Affective symptoms and the overactive bladder — A systematic review, *Journal of Psychosomatic Research*, Volume 78, Issue 2, 2015, Pages 95-108, ISSN 0022-3999, <https://doi.org/10.1016/j.jpsychores.2014.11.019>.
2. Abrams,P, Cardozo, L, Wagg, A, Wein, A. (Eds) *Incontinence 6th Edition*, 2017. ICI-ICS. International Continence Society, Bristol UK , Chapter 11: Incontinence in Frail Older Persons, Pages 1309-1442 ISBN: 978-0956960733. [Incontinence 6th Edition 2017 eBook v2 \(3\).pdf](#)
3. The ‘P’ Word: The challenge of urinary problems in people living with prostate and bladder cancer, 2022. [EAU-Policy The-P-Word FINAL.pdf \(d56bochluxqnz.cloudfront.net\)](#)

This statement has also been endorsed by the following members of the EAU Patient Advocacy Group:

