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SUPPLEMENTARY MATERIAL

Prevalence of urinary incontinence in patients with chronic cough: a systematic review

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1. Base string

(incont* AND urin*) AND (((chronic* AND (pulmon* OR lung* OR respirat*) AND (diseas* OR conditio* OR illnes OR problem OR disorder)) OR (chronic* AND cough*)) OR ("Postnasal drip" OR "Upper airway cough syndrome" OR "UACS" OR "Asthma" OR "Gastroesophageal reflux disease" OR "GERD" OR "Chronic obstructive pulmonary disease" OR "COPD" OR "Bronchiectasis" OR "Cystic fibrosis" OR "Laryngopharyngeal reflux" OR "Sarcoidosis" OR "Idiopathic pulmonary fibrosis" OR "IPF")))

2. Adapted search string

Supplementary Table 1. Adapted search strings and filters used for each database investigated.

Database	Search string	Filters
Pubmed	(incont*[Title/Abstract] AND urin*[Title/Abstract]) AND (((chronic*[Title/Abstract] AND (pulmon*[Title/Abstract] OR lung*[Title/Abstract] OR respirat*[Title/Abstract]) AND (diseas*[Title/Abstract] OR conditio*[Title/Abstract] OR illnes[Title/Abstract] OR problem[Title/Abstract] OR disorder[Title/Abstract])) OR (chronic*[Title/Abstract] AND cough*[Title/Abstract]) OR ("Postnasal drip"[Title/Abstract] OR "Upper airway cough syndrome"[Title/Abstract] OR "UACS"[Title/Abstract] OR "Asthma"[Title/Abstract] OR "Gastroesophageal reflux disease"[Title/Abstract] OR "GERD"[Title/Abstract] OR "Chronic obstructive pulmonary disease"[Title/Abstract] OR "COPD"[Title/Abstract] OR "Bronchiectasis"[Title/Abstract] OR "Cystic fibrosis"[Title/Abstract] OR "Laryngopharyngeal reflux"[Title/Abstract] OR "Sarcoidosis"[Title/Abstract] OR "Idiopathic pulmonary fibrosis"[Title/Abstract] OR "IPF"[Title/Abstract])))	Full text; English
Embase	incont*:ab,ti AND urin*:ab,ti AND (chronic*:ab,ti AND (pulmon*:ab,ti OR lung*:ab,ti OR respirat*:ab,ti) AND (diseas*:ab,ti OR conditio*:ab,ti OR illnes:ab,ti OR problem:ab,ti OR disorder:ab,ti) OR (chronic*:ab,ti AND cough*:ab,ti) OR 'postnasal drip':ab,ti OR 'upper airway cough syndrome':ab,ti OR 'uacs':ab,ti OR 'asthma':ab,ti OR 'gastroesophageal reflux disease':ab,ti OR 'gerd':ab,ti OR 'chronic obstructive pulmonary disease':ab,ti OR 'copd':ab,ti OR 'bronchiectasis':ab,ti OR 'cystic fibrosis':ab,ti OR 'laryngopharyngeal reflux':ab,ti OR 'sarcoidosis':ab,ti OR 'idiopathic pulmonary fibrosis':ab,ti OR 'ipf':ab,ti)	
EBSCO	TI ((incont* AND urin*) AND (((chronic* AND (pulmon* OR lung* OR respirat*) AND (diseas* OR conditio* OR illnes OR problem OR disorder)) OR (chronic* AND cough*)) OR ("Postnasal drip" OR "Upper airway cough syndrome" OR "UACS" OR "Asthma" OR "Gastroesophageal reflux disease" OR "GERD" OR "Chronic obstructive pulmonary disease" OR "COPD" OR "Bronchiectasis" OR "Cystic fibrosis" OR "Laryngopharyngeal reflux" OR "Sarcoidosis" OR "Idiopathic pulmonary fibrosis" OR "IPF"))) OR AB ((incont* AND urin*) AND (((chronic* AND (pulmon* OR lung* OR respirat*) AND (diseas* OR conditio* OR illnes OR problem OR disorder)) OR (chronic* AND cough*)) OR ("Postnasal drip" OR "Upper airway cough syndrome" OR "UACS" OR "Asthma" OR "Gastroesophageal reflux disease" OR "GERD" OR "Chronic obstructive pulmonary disease" OR "COPD" OR "Bronchiectasis" OR "Cystic fibrosis" OR "Laryngopharyngeal reflux" OR "Sarcoidosis" OR "Idiopathic pulmonary fibrosis" OR "IPF"))))	Full text
Cochrane	(incont* AND urin*) AND (((chronic* AND (pulmon* OR lung* OR respirat*) AND (diseas* OR conditio* OR illnes OR problem OR disorder)) OR (chronic* AND cough*)) OR ("Postnasal drip" OR "Upper airway cough syndrome" OR "UACS" OR "Asthma" OR "Gastroesophageal reflux disease" OR "GERD" OR "Chronic obstructive pulmonary disease" OR "COPD" OR "Bronchiectasis"	

	OR "Cystic fibrosis" OR "Laryngopharyngeal reflux" OR "Sarcoidosis" OR "Idiopathic pulmonary fibrosis" OR "IPF"))	
Scopus	(TITLE ((incont* AND urin*) AND ((chronic* AND (pulmon* OR lung* OR respirat*) AND (diseas* OR conditio* OR illnes OR problem OR disorder)) OR (chronic* AND cough*) OR ("Postnasal drip" OR "Upper airway cough syndrome" OR "UACS" OR "Asthma" OR "Gastroesophageal reflux disease" OR "GERD" OR "Chronic obstructive pulmonary disease" OR "COPD" OR "Bronchiectasis" OR "Cystic fibrosis" OR "Laryngopharyngeal reflux" OR "Sarcoidosis" OR "Idiopathic pulmonary fibrosis" OR "IPF")))) OR ABS ((incont* AND urin*) AND ((chronic* AND (pulmon* OR lung* OR respirat*) AND (diseas* OR conditio* OR illnes OR problem OR disorder)) OR (chronic* AND cough*) OR ("Postnasal drip" OR "Upper airway cough syndrome" OR "UACS" OR "Asthma" OR "Gastroesophageal reflux disease" OR "GERD" OR "Chronic obstructive pulmonary disease" OR "COPD" OR "Bronchiectasis" OR "Cystic fibrosis" OR "Laryngopharyngeal reflux" OR "Sarcoidosis" OR "Idiopathic pulmonary fibrosis" OR "IPF"))))) AND (LIMIT-TO (LANGUAGE , "English"))	English
ProQuest	abstract((incont* AND urin*) AND (((chronic* AND (pulmon* OR lung* OR respirat*) AND (diseas* OR conditio* OR illnes OR problem OR disorder)) OR (chronic* AND cough*) OR ("Postnasal drip" OR "Upper airway cough syndrome" OR "UACS" OR "Asthma" OR "Gastroesophageal reflux disease" OR "GERD" OR "Chronic obstructive pulmonary disease" OR "COPD" OR "Bronchiectasis" OR "Cystic fibrosis" OR "Laryngopharyngeal reflux" OR "Sarcoidosis" OR "Idiopathic pulmonary fibrosis" OR "IPF")))) OR title((incont* AND urin*) AND (((chronic* AND (pulmon* OR lung* OR respirat*) AND (diseas* OR conditio* OR illnes OR problem OR disorder)) OR (chronic* AND cough*) OR ("Postnasal drip" OR "Upper airway cough syndrome" OR "UACS" OR "Asthma" OR "Gastroesophageal reflux disease" OR "GERD" OR "Chronic obstructive pulmonary disease" OR "COPD" OR "Bronchiectasis" OR "Cystic fibrosis" OR "Laryngopharyngeal reflux" OR "Sarcoidosis" OR "Idiopathic pulmonary fibrosis" OR "IPF"))))	Full text; English
OVID	(incont* and urin* and ((chronic* and (pulmon* or lung* or respirat*) and (diseas* or conditio* or illnes or problem or disorder)) or (chronic* and cough*) or ("Postnasal drip" or "Upper airway cough syndrome" or "UACS" or "Asthma" or "Gastroesophageal reflux disease" or "GERD" or "Chronic obstructive pulmonary disease" or "COPD" or "Bronchiectasis" or "Cystic fibrosis" or "Laryngopharyngeal reflux" or "Sarcoidosis" or "Idiopathic pulmonary fibrosis" or "IPF"))).ab. or (incont* and urin* and ((chronic* and (pulmon* or lung* or respirat*) and (diseas* or conditio* or illnes or problem or disorder)) or (chronic* and cough*) or ("Postnasal drip" or "Upper airway cough syndrome" or "UACS" or "Asthma" or "Gastroesophageal reflux disease" or "GERD" or "Chronic obstructive pulmonary disease" or "COPD" or "Bronchiectasis" or "Cystic fibrosis" or "Laryngopharyngeal reflux" or "Sarcoidosis" or "Idiopathic pulmonary fibrosis" or "IPF"))).at.	Full text; English
PEDro		Problem: incontinence Body Part: perineum or genitourinary system Topic: chronic respiratory disease Return: 50 records at a time When Searching: AND

3. Prevalence tables

Supplementary Table 2. Urinary incontinence prevalence in patients with chronic obstructive pulmonary disease. Age range 45+ years.

MALES			FEMALES			MIXED POPULATION		
AUTHOR (year)	AGE in years	P (%)	AUTHOR (year)	AGE in years	P (%)	AUTHOR (year)	AGE in years	P (%)
Burge A.T. (2016)	71	19/49 (39)	Button B.M. (2019)	63	19/27 (70)	Hrisanfow E. (2011)	65	296/728 (41)
Hirayama F. (2008)	67	24/244 (10)	Hrisanfow E. (2011)	65	194/391 (49.6)	Sacomori C. (2020)	62	8/31 (25.8)
Hrisanfow E. (2011)	65	102/337 (30.3)			213/418 (51)	Schnell K. (2012)	63	347/995 (34.9)
		145/630 (23)						651/1754 (37.1)

Supplementary Table 3. Urinary incontinence prevalence in patients with cystic fibrosis. Age range <18 years.

MALES			FEMALES			MIXED POPULATION		
AUTHOR (year)	AGE in years	P (%)	AUTHOR (years)	AGE in years	P (%)	AUTHOR (year)	AGE in years	P (%)
Blackwell K. (2005)	5-18	1/46 (2.2)	Blackwell K. (2005)	5-18	8/26 (31)	Blackwell K. (2005)	5-18	9/72 (13)
		1/46 (2.2)	Mariani A. (2021)	13	12/82 (15)	Browne W.J. (2009)	12	28/81 (35)
			Nixon G.M. (2002)	15	25/55 (45)			37/153 (24.1)
			Prasad S.A. (2006)	14	17/51 (33)			
			Reichman G. (2015)	8	0/14 (0)			
					62/228 (27)			

Supplementary Table 7. Urinary incontinence prevalence in healthy control groups. Age range <18 years.

MALES			FEMALES			MIXED POPULATION		
AUTHOR (year)	AGE in years	P (%)	AUTHOR (year)	AGE in years	P (%)	AUTHOR (year)	AGE in years	P (%)
			Prasad S.A. (2006)	14	2/27 (7)	Browne W.J. (2009)	13	12/56 (20)
					2/27 (7)			12/56 (20)

Supplementary Table 8. Urinary incontinence prevalence in healthy control groups. Age range 18-45 years.

MALES			FEMALES			MIXED POPULATION		
AUTHOR (year)	AGE in years	P (%)	AUTHOR (years)	AGE in years	P (%)			
Burge A.T. (2015)	31	8/80 (10)	Button B.M. (2019)	43	38/69 (55)			
		8/80 (10)			38/69 (55)			

Supplementary Table 9. Urinary incontinence prevalence in healthy control groups. Age range 45+ years.

MALES			FEMALES			MIXED POPULATION		
AUTHOR (year)	AGE in years	P (%)				AUTHOR (year)	AGE in years	P (%)
Burge A.T. (2016)	66	6/36 (17)				Schnell K. (2012)	60	4048/14828 (27.3)
		6/36 (17)						4048/14828 (27.3)

Supplementary Table 10. Urinary incontinence prevalence in women with chronic cough. Age range 45+ year.

MALES			FEMALES			MIXED POPULATION		
			AUTHOR (years)	AGE in years	P (%)			
			Arismendi E. (2024)	58	111/147 (75)			
			Dicpinigaitis P.V. (2021)	61	133/210 (63.3)			
					244/357 (68.3)			

4. Result table

Supplementary Table 11. Characteristics and results of studies included in the systematic review.

Author and year Study design Observation period	Sample characteristics: size and sex distribution by pathology	Inclusion and exclusion criteria	Age	RISK FACTORS		Data collection method	RESULTS
				FEV ₁ (percentage of predicted value)	BMI		Definition and prevalence of urinary incontinence (UI)
Arismendi 2024 Retrospective, multicenter, non- interventional study NR	147 147F / 0M Chronic cough	Inclusion criteria: females aged >18 years. Exclusion criteria: active smokers or individuals who had stopped smoking in the previous 12 months; treatment with ACE inhibitors; chronic cough related to COPD, cancer, active infection, bronchiectasis, interstitial lung disease, cystic fibrosis, or Gilles de la Tourette syn- drome; current participation in interventional studies; or conditions that, in the judgment of the treating physician, advised against participation.	57.9 years	NA	SUI: 28.5 No SUI: 26.1	Printed survey completed without investigator or treating physician overview.	UI not defined. UI frequency: never/hardly ever: 36 (24.5%); rarely: 17 (11.6%); some- times: 38 (25.9%); frequently: 30 (20.4%); mostly/ always: 26 (17.7%).
Blackwell K. 2005 ND NR	72 26F / 46M Only CF	All patients from the referral center were included	5-18 year	# SUI: 84,7% No SUI: 89,7%	NA	Postal questionnaire followed by a detailed questionnaire administered through an interview. The specific questions asked were not reported.	"Involuntary urinary loss" 9/72 (13%) 8/26 (31%) F 1/46 (2.2%) M Only SUI included.

Browne W.J. 2009 ND NR	194 85F / 107M	Children and/or caregivers who do not understand written or spoken English were excluded.	9-16 years	#	NR #	Anonymous questionnaire on prevalence, severity, impact, and other factors involved in UI. Self-completed in the clinic.	<p>“Involuntary urinary loss at least one time” CF: 28/81 (35%) Other respiratory disease: 17/55 (30%) Controls: 12/56 (20%)</p> <p>“Involuntary urinary loss more than one time” CF: 17/81 (21%) of which 11F Other respiratory disease: 12/55 (22%) of which 4F 19% F Controls: 10/56 (17%) of which 7F</p> <p>No statistically significant differences.</p>
	CF: 81 36 F / 45 M		12.1 years F 12.6 years M	89.24%			
	Other respiratory disease: 55 21F / 45M		12.3 years F 12.9 years M	92.92%			
	Controls: 56 28F / 28M	Children with other respiratory diseases or neurological conditions excluded.	11.39 years F 12.88 years M	NA			
Burge A.T. 2015 Prospective observational study NR	160 0F / 160M	Patients with cognitive impairment, lack of language proficiency, or any other issue preventing independent questionnaire completion were excluded.	#	#	*	<p>ICIQ-SF ICIQ-MLUTS Self-administered.</p>	<p>“Involuntary urinary loss” CF 12/80 (15%) Controls 8/80 (10%)</p> <p>Statistically significant difference (IC: 95%) if the overall presence of UI is considered. A statistically significant difference was observed when evaluating the presence of SUI. (5/80 (6.3%) in CF; 0/80 (0%) in controls).</p>
	CF: 80M		30 years	64.4% with UI 62% without UI	22		
	Controls: 80M	Patients aged ≥ 18 years were included. Patients with a diagnosed respiratory disease or those who smoked more than 10 pack-years were excluded.	31 years	NA	25		

<p>Burge A.T. 2016</p> <p>Prospective observational study</p> <p>NR</p>	<p>0F / 85M</p>	<p>Patients with cognitive deficits, language barriers, or other issues preventing independent questionnaire completion were excluded.</p>	<p>*</p>		<p>#</p>	<p>ICIQ-SF ICIQ-MLUTS</p> <p>Self administered.</p>	<p>“Involuntary urinary loss”</p> <p>Statistically significant difference: $p < 0.05$; age and FEV₁ are positively correlated with the development of UI. 25/85 (29.4%) COPD: 19/49 (39%) Controls: 6/36 (17%)</p>
	<p>COPD: 49M</p>	<p>Patients with spirometry-confirmed COPD diagnosis and stable clinical status were included.</p>	<p>71 years</p>	<p>38% with UI 61% without UI</p>	<p>27</p>		
	<p>Controls: 36M</p>	<p>Patients with respiratory disease diagnosis or a smoking history of more than 10 cigarettes per day were excluded.</p>	<p>66 years</p>	<p>NA</p>	<p>28</p>		
<p>Button B.M. 2019</p> <p>Prospective observational study and subsequent intervention</p> <p>NR</p>	<p>134F</p>	<p>Inclusion criteria: women aged 18 to 70 years, capable of reading and writing in English. Exclusion criteria: ongoing pregnancy.</p>			<p>#</p>	<p>Questionario postale a pazienti con CF.</p> <p>Questionario consegnato a mano per pazienti con BPCO.</p> <p>Questionario compilato in autonomia o con supporto telefonico di un clinico.</p>	<p>“Involuntary urinary loss”</p> <p>84/134 (62.7%) CF 27/38 (71%) COPD 19/27 (70%) Controls 38/69 (55%)</p> <p>Urinary incontinence was significantly more prevalent ($p < 0.05$) in patients with CF compared to age-matched controls. Logistic regression showed that age, BMI, and respiratory disease diagnosis are risk factors that double the probability of developing UI.</p>
	<p>CF: 38</p>	<p>Exclusion criteria: ongoing pregnancy.</p>	<p>32 years</p>	<p>No UI: 66% UI: 56%</p>	<p>22</p>		
	<p>COPD: 27</p>	<p>Individuals with ongoing exacerbations were excluded.</p>	<p>63 years</p>	<p>no UI: 49% UI: 67%</p>	<p>26</p>		
	<p>Controls: 69</p>	<p>Patients with respiratory disease diagnosis were excluded.</p>	<p>43 years</p>	<p>NA</p>	<p>24</p>		
<p>Cornacchia M. 2001</p>	<p>176 F Only CF</p>	<p>Patients aged at least 15 years old were included.</p>	<p>Mean age: 24.6 years (*).</p>	<p>*</p>	<p>NA</p>	<p>Anonymous questionnaire regarding micturition habits, respiratory physiotherapy in</p>	<p>“Involuntary urinary loss” 104/176 (59%)</p>

ND March - September 1999			No UI: 23.1 years	65.5%		the previous 12 months, and urinary symptoms. Completed in the presence of a clinician for any doubts.	Statistically significant difference: $p < 0.05$; age and FEV1 are positively correlated with the development of UI.
			Occasional UI: 24.8 years	56.7%			
			Regular UI: 26.9 years	53.5%			
Dicpinigaitis P.V. 2021 ND March 2018 – September 2020	210F Chronic cough	All women with chronic cough attending the referral center were included.	61 years	NA	*	Data collection method was not specified.	Only SUI was considered: “involuntary loss of urine during or immediately following cough or other movement or activity” 133/210 (63.3%) BMI statistically significant for the development of UI.
Hirayama F. 2008 ND NR	244M Only COPD	Inclusion criteria: women aged at least 40 years with COPD as the primary pathology, diagnosed in the last 4 years.	# UI: 68.9 anni No UI: 66.3 anni	NA	# UI: 22.1 No UI: 21.9	ICIQ-SF Administered during interview with referring clinician	24/244 (10%)
Hrisanfow E. 2011 Descriptive questionnaire November – December 2007	728 391F / 337M Only COPD.	Inclusion criteria: age between 50 and 75 years, previous diagnosis of COPD confirmed by spirometry (stage I-IV). Exclusion criteria: diagnosis of emphysema, chronic bronchitis, suspected asthma, suspected COPD.	# F: UI: 64.8 years No UI: 65.2 years M: UI: 65.62 years No UI: 66.57 years	NA	25.6 F with UI 25.2 F without UI 28.2 M with UI 26.4 M without UI	Postal questionnaire.	“Involuntary urinary loss” IC: 95% 194/391F (49.6%) 102/337M (30.3%) Women with UI have a higher prevalence of symptomatic cough ($p < 0.001$). BMI is statistically significant for the development of UI in men and women.

<p>Hrisanfow E. 2012</p> <p>Cross-sectional</p> <p>November – December 2007</p>	<p>728 391F / 337M Only COPD</p>	<p>Inclusion criteria: previous diagnosis of COPD confirmed by spirometry (stage I-IV). Exclusion criteria: diagnosis of emphysema, chronic bronchitis, suspected asthma, suspected COPD.</p>	<p>#</p> <p>F: UI: 64.8 years No UI: 65.2 years M: UI: 65.62 years No UI: 66.57 years</p>	<p>NA</p>	<p>UI: 26.6F No UI: 25.2F *</p> <p>UI: 28.2M No UI: 26.4 M *</p>	<p>Anonymous questionnaire composed of general data and UI assessment ("Do you involuntarily leak urine? Is it associated with coughing, sneezing, or exertion? Is it associated with a strong urge to urinate?") Self administered.</p>	<p>"Involuntary urinary loss" 194/391F (49.6%)</p> <p>Statistically significant difference in overall quality of life. (p<0.01).</p> <p>102/337M (30.3%)</p> <p>Statistically significant difference in the psychological burden of the primary pathology. (p<0.05).</p> <p>BMI is statistically significant for the development of UI.</p>
<p>Hubeaux K. 2024</p> <p>ND</p> <p>November 2016 – September 2017</p>	<p>178 93M / 85F Only CF</p>	<p>Inclusion criteria: patients >18 years, no previous lung transplants, not on the transplant list, stable for at least 4 weeks. Exclusion criteria: dialysis, current pregnancy, renal lithiasis, and urinary tract infections.</p>	<p>30.6 years 31.2 years M 30 years F</p>	<p>63% 60.3% M 65.8% F</p>	<p>21 21.3M 20.8F</p>	<p>USP for the evaluation of urinary symptoms. SF-Qualiveen questionnaire for the impact on quality of life. Not specified whether completed independently or in the presence of a clinician.</p>	<p>"Involuntary urinary loss" Statistically significant difference (p<0.05): female sex is positively correlated with the development of UI."</p> <p>61/178 SUI (34.3%) 7/93M (7.5%) 54/85F (63.5%)</p> <p>UUI 28/178 (15.7%) 4/93M (4.3%) 24/85F (28.2%)</p>
<p>Moran F. 2003</p> <p>ND</p> <p>NR</p>	<p>46F Only CF</p>	<p>All female patients attending the referral center were included.</p>	<p>25 years</p>	<p>25 patients >70% 17 patients 31- 69% 4 patients <30%</p>	<p>NA</p>	<p>Questionnaire regarding severity and impact of physiotherapy treatment on UI and quality of life. Self administered.</p>	<p>14/46 (30.4%)</p> <p>No statistical analysis was performed.</p>
<p>Nixon G.M. 2002</p> <p>ND</p> <p>December 2000 - March 2001</p>	<p>55F Only CF</p>	<p>All female patients aged >12 years attending the referral center were included.</p>	<p>15 years</p>	<p>#</p> <p>UI: 82.4% No UI: 78.3%</p>	<p>#</p> <p>19.1</p>	<p>Questionnaire regarding prevalence, severity, and impact of UI. Administered by a clinician.</p>	<p>25/55 (45%) of which 19 in the last year.</p>

Orr A. 2001 ND 4 months	75F Only CF	All women from the referral center were included.	6 unspecified age groups were present.	NA	NA	Anonymous questionnaire regarding severity, physical impact, and social impact of UI. Self administered	51/75 (68%) It is present in all age groups without statistically significant difference.
Prasad S.A. 2006 ND NR	103F/0M		11-17 years #	#	*	Anonymous questionnaire regarding frequency, severity, and impact of incontinence. Self administered.	CF 17/51 (33%) ASTHMA 4/25 (16%) CONTROLS 2/27 (7%) Statistically significant difference (P=0.02) in UI prevalence between CF vs asthma and controls. Within the CF group, lower BMI and FEV1 (16.6 and 62%) are statistically significantly correlated with the development of UI. Lower BMI is a risk factor for the development of UI.
	CF: 51		13.8 years	74%	17.8		
	Asthma: 25		14.2 years	80%	22.4		
	Controls: 27	Patients from the departments of general pediatrics, hematology, neurology, and urology were excluded.	13.9 years	NA	18.9		
Reichman G. 2015 ND NR	122 52F / 70M Only CF	All patients from the referral center were included.	8.4 years (mean age of children under 12 years) 25.6 years (mean age of patients over 12 years) No UI: 17 years UI: 27 years	NA	NA	Questionnaire regarding micturition habits, prevalence, frequency, and severity of UI, administered to parents in the group with age ≤12 years Questionnaire regarding micturition habits, prevalence, frequency, severity, and impact of UI, administered to other patients, self-administered.	"Involuntary urinary loss" 33/122 (27%) 26/52F (50% of total women, 0/14 girls ≤ 12 years old 54% female adolescents 12-17 years reported UI 76% of adult women reported UI) 7/70M (10% of total men) UI is correlated with patient age.
Sacomori C. 2020 Cross-sectional	93 72F / 21M	Patients with neurological pathology or illiteracy were excluded.	62.6 years	NA	84.9% of the sample is overweight or obese.	ICIQ-UI-SF Self administered.	29/93 (31.2%) 8/31 COPD (25.8%)

October 2015 – April 2016	Asthma: 62						21/62 ASTHMA (33.9%) Only F reported UI (29/72 = 40.3%) No statistically significant difference was found between the two groups, but UI was associated with a lower quality of life (p<0.05).
	COPD: 31						
Schnell K. 2012 Nationally representative study-design 1999-2008	15823 14828 healthy (47%M, 53%F) 995 COPD (39.9%M, 60.1%F)		Patients \geq 45 years 60 years healthy 62.7 years COPD	NA	NR	Home interviews and examinations in mobile units.	“Involuntary urinary loss at least twice a month” 27.3% healthy 34.9% COPD Statistically significant difference (p>0.0001).
Vella M. 2009 ND NR	98F Only CF	All women from the referral center were included.	28 years (range 16-45 years)	NA	NA	King’s Health Questionnaire Self administered.	“Involuntary urinary loss” 73/98 (74%) Age is a risk factor for the development of UI.
White D. 2000 Prospective study NR	71 29F / 42M Only CF	All patients from the referral center were included.	24.1F 25M	16 \leq 40% 26 41-70% 29 >70%	NA	Questionnaire regarding frequency, severity, and impact of SUI. Completed through interview with a physiotherapist.	11/29F (37.9%) (but 14/29 (48%) reported urinary leakage with cough) 1/42M (2.4%)

Legend: BMI, body mass index; COPD, chronic obstructive pulmonary disease; CF, cystic fibrosis; F, females; FEV₁, forced expiratory volume in 1 second; M, males; NA, not assessed; ND, not defined; NR, not reported; UI, urinary incontinence; SUI, stress urinary incontinence; UUI, urge urinary incontinence. #: not statistically significant difference; *: statistically significant difference.

Supplementary Table 12. Risk of bias and quality of evidence of the reviewed studies according to the GRADE approach.

Item GRADE Author and year	RISK OF BIAS			Quality of evidence
	Failure to develop and apply an appropriate eligibility criterion: presence of a control group	Incorrect measurement of exposure and outcome.	Failure to properly control confounding factors.	
Arismendi E. 2024	Absence of a control group.	Unvalidated questionnaire. Self-administered.	Presence of LUTS not assessed.	Very low
Blackwell K. 2005	Absence of a control group. Absence of exclusion criteria.	Unvalidated questionnaire but followed by an interview with a clinician.	BMI not assessed. Presence of LUTS not assessed.	Very low
Browne W.J. 2009		Unvalidated questionnaire. Self-administered.	Presence of LUTS not assessed.	Very low
Burge A.T. 2015		Urinary incontinence was measured in general, a higher incidence of stress incontinence is reported, but it is not analyzed.	Failure to exclude patients with neurological pathologies in the comparison group.	Very low
Burge A.T. 2016			Failure to exclude patients with neurological pathologies in the comparison group.	Low
Button B.M. 2019		Different administration of questionnaires in the two examined groups.	Failure to exclude patients with neurological pathologies in the comparison group.	Very low
Cornacchia M. 2001	Absence of a control group. Absence of exclusion criteria.	Unvalidated questionnaire but followed by an interview with a clinician.	Presence of LUTS not assessed.	Very low
Dicpinigaitis P.V. 2021	Absence of a control group. Absence of exclusion criteria.	Data collection method not specified.	Failure to exclude patients with neurological pathologies. Presence of LUTS not assessed.	Very low
Hirayama F. 2008	Absence of a control group.		Failure to exclude patients with neurological pathologies. Presence of LUTS not assessed. Alcohol assessed as a risk factor.	Very low
Hrisanfow E. 2011		Unvalidated questionnaire.	Mancata esclusione di pazienti con Failure to exclude patients with neurological pathologies.	Very low
Hrisanfow E. 2012		Unvalidated questionnaire.	Failure to exclude patients with neurological pathologies.	Very low

Hubeaux K. 2024	Absence of a control group.		Failure to exclude patients with neurological pathologies.	Very low
Korzeniewska-Eksterowicz A. 2014	Absence of a control group. Absence of exclusion criteria.	Unvalidated questionnaire.	Failure to exclude patients with neurological pathologies. Presence of LUTS not assessed.	Very low
Mariani A. 2021	Absence of a control group.			Low
Moran F. 2003	Absence of a control group. Absence of exclusion criteria.	Unvalidated questionnaire.	Failure to exclude patients with neurological pathologies. Presence of LUTS not assessed. BMI not assessed.	Very low
Nixon G.M. 2002	Absence of a control group. Absence of exclusion criteria.	Unvalidated questionnaire but administered by a clinician.	Failure to exclude patients with neurological pathologies. Presence of LUTS not assessed. Constipation considered as a risk factor for urinary incontinence.	Very low
Orr A. 2001	Absence of a control group. Absence of exclusion criteria.	Unvalidated questionnaire.	Failure to exclude patients with neurological pathologies. Presence of LUTS not assessed. BMI not assessed.	Very low
Prasad S.A. 2006	Absence of exclusion criteria.	Unvalidated questionnaire.		Low
Reichman G. 2015	Absence of a control group. Absence of exclusion criteria.		BMI not assessed.	Very low
Sacomori C. 2020			Presence of LUTS not assessed.	Low
Schnell K. 2012		Investigated areas not specified.	Stroke was included among comorbidities with high prevalence (8.9%), but there is no distinction in UI (patients with and without stroke), therefore the prevalence data may be altered.	Very low
Vella M. 2009	Absence of a control group. Absence of exclusion criteria.		Failure to exclude patients with neurological pathologies. BMI not assessed.	Very low
White D. 2000	Absence of a control group. Absence of exclusion criteria.		Failure to exclude patients with neurological pathologies. Presence of LUTS not assessed. BMI not assessed. Childbirth and surgery considered.	Very low

Supplementary Table 13. Application of the STROBE checklist to the studies included in the review.

Article	Item STROBE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	TOT	
Arisemendi E. 2024		YES	YES	YES	YES	YES	YES	YES	NO	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	20/22
Blackwell K. 2005		YES	YES	YES	NO	YES	NO	YES	NO	NO	YES	YES	YES	YES	YES	YES	YES	NO	YES	NO	YES	YES	NO	NO	15/22
Browne W.J. 2009		YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	21/22
Burge A.T. 2015		YES	YES	YES	YES	YES	YES	YES	YES	NO	NO	YES	YES	NO	NO	NO	YES	YES	YES	NO	YES	YES	NO	NO	15/22
Burge A.T. 2016		YES	YES	YES	NO	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	NO	19/22
Button B.M. 2019		YES	YES	YES	YES	YES	YES	YES	YES	NO	NO	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	19/22
Cornacchia M. 2001		YES	YES	YES	NO	YES	NO	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	NO	17/22
Dicpinigaitis P.V. 2021		YES	YES	NO	NO	YES	NO	YES	YES	NO	NO	YES	YES	NO	YES	YES	YES	YES	YES	NO	YES	YES	NO	NO	14/22
Hirayama F. 2008		YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES	NO	18/22
Hrisanfow E. 2011		YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	20/22
Hrisanfow E. 2012		YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	20/22
Hubeaux K. 2024		YES	YES	YES	YES	YES	YES	YES	YES	NO	NO	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	19/22
Korzeniewska-Eksterowicz A. 2014		YES	YES	YES	NO	YES	NO	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	18/22
Mariani A. 2021		YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	NO	19/22
Moran F. 2003		YES	YES	YES	YES	YES	NO	YES	YES	NO	YES	NO	NO	YES	YES	YES	NO	YES	YES	NO	YES	YES	NO	NO	15/22
Nixon G.M. 2002		YES	YES	YES	NO	YES	NO	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	18/22
Orr A. 2001		YES	YES	YES	NO	YES	NO	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	NO	YES	NO	YES	YES	YES	YES	12/22
Prasad S.A. 2006		YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	NO	YES	NO	YES	YES	NO	NO	18/22
Reichman G. 2015		YES	YES	YES	NO	NO	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES	18/22
Sacomori C. 2020		YES	YES	YES	YES	YES	YES	YES	YES	NO	NO	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	19/22
Schnell K. 2012		YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	22/22
Vella M. 2009		YES	YES	YES	NO	YES	NO	YES	YES	YES	NO	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	YES	YES	NO	16/22
White D. 2000		YES	YES	YES	YES	YES	NO	YES	YES	NO	NO	YES	YES	NO	YES	YES	YES	YES	YES	NO	YES	YES	NO	NO	16/22
TOT		22/22	22/22	21/22	11/22	21/22	13/22	22/22	21/22	4/22	14/22	20/22	19/22	14/22	20/22	21/22	21/22	16/22	22/22	12/22	22/22	22/22	22/22	8/22	

Legend: 1. Title and abstract; 2. Rationale; 3. Objectives; 4. Study design; 5. Setting; 6. Participants; 7. Variables; 8. Data source and measurement; 9. Bias; 10. Sample size; 11. Quantitative variables; 12. Statistical methods; 13. Participants; 14. Descriptive data; 15. Outcome data; 16. Main results; 17. Other analyses; 18. Key results; 19. Limitations; 20. Interpretation; 21. Generalizability; 22. Funding.