

mercial involvement is with incontinence undergarment companies. Incontinence organizations should give greater consideration to these media as a way to reach patients.

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## EDITORIAL COMMENT

Drs. Sajadi and Goldman are to be congratulated for giving us this first look at social media as a resource for disseminating information about incontinence and, to a larger degree, about other health related issues and, to an even larger degree, about any kind of knowledge at all. They deplore the observation that less than half of the content on Facebook, YouTube, and Twitter is informative at all, and, by their own account, they did not even check the accuracy of this “informative” information. Further, only a fraction of the available information was provided by physicians and none of the major professional organizations that deal with incontinence—not the International Continence Society or the Society for Urodynamics and Female Urology even appeared in the search results. It might be argued that because only 30 search results were reviewed for each category, the study might be skewed, but as the authors correctly point out, that is probably as much as the average person reviews during an Internet search.

So, where do we go from here? Of course, as the authors recommend, society would be well served if better and more relevant (and accurate) information was readily available on these sites. That is the job of individual physicians, scientists, health care organizations, and advocacy groups and professional societies. It is also the job of individual patients—there are few other forums for their experiences and opinions.

For the Internet researcher, though, some age old adages are as apt today as they ever were—“garbage in garbage out” and “buyer beware.” Once the content is there, it will be just as hard to discern the truth as it ever was.

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