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THE CORRELATIONS OF INCONTINENCE-RELATED QUALITY OF LIFE MEASURES WITH SYMPTOM SEVERITY AND URODYNAMIC VARIABLES IN WOMEN WITH STRESS URINARY INCONTINENCE.

Hypothesis / aims of study

Several studies report decreased quality of life (QoL) in stress incontinence patient. However, there is little study which component is more related with decrease of QoL among subjective incontinence severity and objective incontinence severity. The aim of this study was to investigate the relationship of incontinence-related QoL with subjective symptom severity and objective symptom severity.

Study design, materials and methods

Preoperative medical records of 478 female patients who had undergone anti incontinence surgery between April 2007 and September 2012 were retrospectively reviewed. The 1 hour pad test and urodynamic study were carried out as recommended by the International Continence Society. Quality of life score was measured by incontinence-related QoL questionnaire (I-QoL) that was validated in Korean. Subjective variables was and Stamey grade (grade 1, loss of urine with sudden increases in abdominal pressure (coughing, sneezing, laughing); grade 2, leaks with lesser degrees of physical stress, such as walking, standing erect from a sitting position, or sitting up in bed; grade 3, total incontinence—urine is lost without any relation to physical activity or position). Objective variables were weight of 1 hour pad test, MUCP and VLPP that was measured by urodynamic study. The correlations of I-QoL score with the subjective and objective variables were investigated.

Results

In the univariate analysis, Stamey grade was significantly associated with deterioration of incontinence quality of life among the subjective variables. VLPP was the only significant factor related with quality of life among the objective variables. Multiple regression test showed that Stamey grade was the only significant variables correlated with low I-QoL score. (Table 1)

Interpretation of results

Subjective Stamey incontinence grade is the only factor related with incontinence related quality of life.

Concluding message

Incontinence-related QoL is more related with subjective symptom severity than objective incontinence severity. This result suggests that physician should pay more attention to symptoms than urodynamic parameters when counselling about QoL.

Table 1. Correlations analysis and multivariate analysis of I-QoL score and subjective and objective variables

	Correlations analysis with I-QoL score		Multivariate analysis with I-QoL
Variables	(r)	P value	P value
Stamey grade	-0.69	0.003	0.001
1 hr pad test weight (gm)	-0.09	0.129	0.936
MUCP (cmH2O)	0.03	0.624	0.658
VLPP (cmH2O)	0.14	0.017	0.161

Disclosures

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