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HOW RELIABLE IS HISTORY TAKING IN DIAGNOSING TYPE OF URINARY INCONTINENCE??

Hypothesis / aims of study

In small group of women with a clearly defined clinical diagnosis of pure stress UI, the use of multi-channel cystometry is not routinely recommended by NICE

Our aim was to evaluate the diagnostic value of clinical history taking in establishing diagnosis of urinary incontinence and correlate it with urodynamic findings in our unit.

Study design, materials and methods

Retrospective case note review of patients referred for urodynamic investigations (URODS) over 6 months

Results

332 patients underwent URODS. 204/332 (62%) patient's case notes were reviewed. 24 patients were referred with recurrent SUI after failed surgery for SUI. 22 patients were referred for URODS prior to POP surgery. These patients were excluded from the study as such patients should be routinely offered URODS as per NICE clinical guidelines.

Remaining 159 patients were symptomatically categorised into 4 groups

- Stress Urinary Incontinence (SUI)
- Mixed Urinary Incontinence (MUI)
- Urge Urinary Incontinence (UUI)
- No diagnosis made (NONE)

Table 1: Table showing urodynamic findings in the 4 clinically diagnosed groups.

Clinical Diagnosis	**No. Patients**	**Urodynamic Findings**				
		NORMAL	SUI	MIXED	DO	OTHER *
SUI	76	21(27.6%)	48 (63.1%)	3 (3.94%)	1 (1.3%)	3(3.94%)
MIXED	72	18 (25%)	24 (33.3%)	10 (13.8%)	14(19.4%)	6(8.3%)
UUI	7	4 (57.1%)	1 (14.2%)	0	2 (28.5%)	0
NONE	4	1 (25%)	2 (50%)	1 (25%)	0	0

- voiding dysfunction/ small capacity bladder

Table 2: Table showing relationship between diagnosis of Stress Incontinence and URODS finding of SUI

History	**Urodynamic Findings** SUI present	SUI absent
Suggestive SUI	48	28
Not suggestive SUI	27	56

Sensitivity =0.64 Specificity =0.66

Positive Predictive Value =0.63 Negative Predictive Value=0.67

In SUI group only 3/28(10.7%) patients with outcome other than Pure SUI on URODS had surgery. The rest were managed conservatively. Only 12/84(14.28%) patients with urodynamic outcome other than SUI had surgery. 63/75(84%) with SUI on URODS had surgery and remaing managed conservatively

Interpretation of results

There is a 63% chance of identifying SUI on URODS in women with suspected Stress leakage based on history alone. There is a <10% chance of finding DO or other significant urodynamic findings in this group. In the suspected Mixed UI group, 13.8% had diagnosis confirmed on URODS. 33.3% however had pure SUI and 28% had DO alone / and other significant URODS findings. In UUI group 28.5% were found to have DO and 14.2% had pure SUI. In the group of patient with no clinical diagnosis 50 % had pure SUI diagnosed on URODS. The sensitivity / specificity and positive predictive values of diagnosis based on history compared with urodynamic study outcome are poor. In our study URODS influenced the management of women with UI which included both surgical and conservative treatment.

Concluding message

We found poor correlation between history taking and clinical diagnosis with urodynamic findings, especially in relation to SUI (NICE). However, we found <10% chance of finding DO/Voiding dysfunction in this group of women with no history suggestive of any other abnormality. However this could still be a significant number of patients and we feel that urodynamics in this group is still justified in our clinical practice, despite the NICE guideline. URODS clearly affects the management/ clinical care of women with UI but whether it improves/affects outcome or not is not known. We feel that clinical diagnosis alone is not sufficient

in our unit to form basis for surgical repair in women with suspected SUI. This may simply be because our history taking / examination are not robust enough. We still routinely offer URODS to women in our unit with symptoms of stress leakage alone. Our assessment protocol however has been tightened and this will be re-audited.

References

1. Urinary incontinence - the management of urinary incontinence in women. NICE OCT. 2006 http://www.nice.org.uk/nicemedia/pdf/CG40fullguideline.pdf

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