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Short J<sup>1</sup>

1. Christchurch Women's Hospital

## NOT JUST THE BLADDER- EVERYONE IS AN UNRELIABLE WITNESS!

### Hypothesis / aims of study

To quantify differences in clinical information obtained from patients by health care professionals whilst assessing for lower urinary tract symptoms

### Study design, materials and methods

A retrospective, observational study that formed part of a wider urodynamics audit.

The subjects were Gynaecology patients who had undergone urodynamic studies (performed by local urologists as per local service structure).

Patient identification numbers were obtained from the urodynamics nurse for all gynaecology patients who underwent cystometrogram between January and July 2009.

Casenotes were obtained and reviewed.

Data was extracted from histories documented by the following professionals-

General Practitioners (at time of referral),  
Gynaecologists,  
Physiotherapists and  
Urologists,

Regarding the presence of the following symptoms-

Stress urinary incontinence  
Urinary urgency  
Urinary frequency  
Nocturia  
Urge urinary Incontinence  
Potential voiding dysfunction

Data obtained was analysed for overall comparison of symptom reporting between groups and agreement between groups

### Results

57 women were identified. All casenotes were obtained for review

40 'GP' histories were available

The remaining 17 referrals did not give a history of urinary symptoms

21 Physio histories were available

56 Gynaecology histories were available

57 Urology histories were available

14 had a history from everyone

Average No of symptoms per patient history by professional group

- GP 1.95
- Physio 2.48
- Gynae 2.86
- Urology 3.74

Percentages of histories reporting specific symptoms by professional group

	'GP'	Physio	Gynae	Urology
Stress UI	80	100	87.5	91.2
urgency	42.5	47.6	73.2	84.2

freq	20	28.6	30.4	50.9
nocturia	12.5	19	35.7	42.1
Urge UI	27.5	42.8	37.5	82.5
voiding	12.5	9.5	21.5	22.8

#### Agreement

- all professionals agreed on symptom “cocktail” for 1 patient (1.8%)
- No agreement whatsoever in 2 patients
- Disagreement over 1 symptom in 9 patients (15.7%)
- In most cases disagreement related to 2 or more symptoms

#### Agreement by symptom

- SUI 85.6%
- Urgency 62.5%
- Frequency 29.3%
- Nocturia 32.9%
- UUI 38.45%
- Voiding 39.33%

#### Interpretation of results

- Variations in history obtained
- Multiple symptoms common
- Urologists report most symptoms
- GPs report fewest
- Widespread disagreement, except SUI
- Commonest variations in histories relate to urge urinary incontinence and overactive bladder symptoms, with more reporting by urologists

#### Concluding message

It appears that different healthcare professionals involved in the care of individual patients frequently reports different and widely variable histories. Potential reasons for this will be explored in more detail.

Steps to improve consistency of histories include greater use of patient questionnaires, bladder diaries and specific structured history proformas at all stages of the patient journey.

Education for primary care practitioners and generalist gynaecologists may also be beneficial.

<b>Specify source of funding or grant</b>	<b>none</b>
<b>Is this a clinical trial?</b>	<b>No</b>
<b>What were the subjects in the study?</b>	<b>HUMAN</b>
<b>Was this study approved by an ethics committee?</b>	<b>No</b>
<b>This study did not require ethics committee approval because</b>	<b>it was a retrospective audit project, performed as part of departmental clinical governance/quality assurance activities</b>
<b>Was the Declaration of Helsinki followed?</b>	<b>No</b>
<b>This study did not follow the Declaration of Helsinki in the sense that</b>	<b>it was an audit project</b>
<b>Was informed consent obtained from the patients?</b>	<b>No</b>