

AN ANALYSIS OF URINARY INCONTINENCE WORK PRESENTED AT THE ICS/IUGA 2010 JOINT MEETING

Hypothesis / aims of study

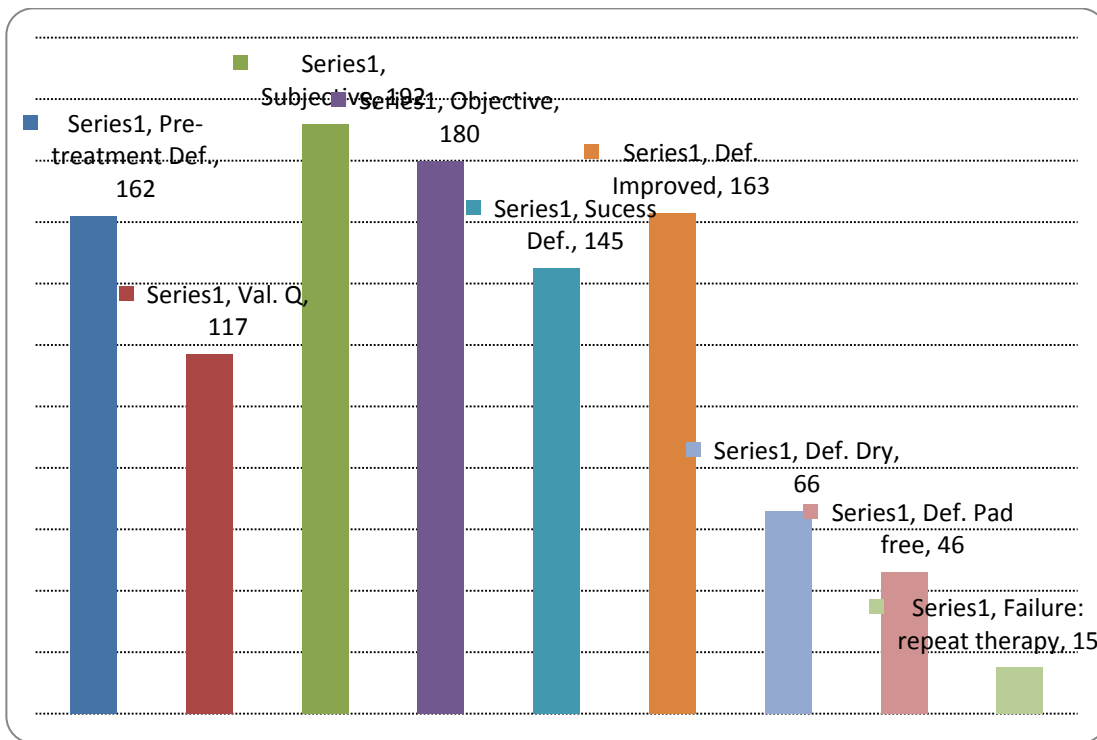
The Annual meeting of the International Continence Society (ICS) and the International Urogynecological Association (IUGA), 2010, received a large number of studies on urinary incontinence from all parts of the world. We conducted a review of all the accepted abstracts on urinary incontinence included in the conference to assess the quality of the work.

Study design, materials and methods

All studies related to outcomes of incontinence treatments in humans were included in our analysis. Each abstract was individually assessed for type of incontinence, country of origin and mode of therapy. Further parameters of evaluation included pre-treatment definition of incontinence, validated questionnaires, post-treatment subjective and objective outcomes, definition of success and improvement, inclusion of 'dry' and 'pad-free' in outcome measures and whether failure was defined as repeat surgery or therapy.

Results

A total of 209 abstracts were included in our study, out of which 153 (73%) were related to Stress Urinary Incontinence (SUI), 42 (20%) to Urge Incontinence (UII) and the remainder 14 (7%), mixed urinary incontinence. The highest number of abstracts were from USA (n=35), 168 (80%) were based on surgical treatment and 4 included a meta-analysis. 162 (77.5%) abstracts had a pre-treatment definition of incontinence, 117 (56%) included use of validated questionnaires whilst 192 (92%) included subjective and 180 (86%), objective assessment of outcomes. Success and improvement were defined in 145 (69%) and 163 (78%) studies respectively. 66 (31.6%) defined 'dry' as an outcome measure, 46 (22%) defined 'pad-free' as an outcome measure and 15 (7.2%) reported repeat therapy as an indicator of failure. Only two studies included all the above parameters.



Interpretation of results

A high number of studies included data on objective and subjective measures of outcomes. Validated questionnaires were used in over half the number and success and improvement were characterized in more than two-thirds. However there was a lack of determining outcomes with respect to 'dry', 'pad-free' and 'repeat treatment'.

Concluding message

Quality of abstracts presented at the meeting was generally good. However further improvement can be achieved by measuring outcomes in terms of number of patients who are 'dry' and 'pad-free' as well as those who need repeat surgery or other forms of treatment.

We recommend that the ICS produce guidelines for research into urinary incontinence to allow uniform comparison of outcomes.

<i>Specify source of funding or grant</i>	None
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	NONE