

## **SENSITIVITY OF THE PFDI-20 TO THE PRESENCE OR ABSENCE OF ANAL INCONTINENCE IN THE GENERAL POPULATION.**

### Hypothesis / aims of study

To establish whether PFDI-20 scores for women in the general population differ based on the presence and type of anal incontinence (AI) and to determine whether scores correspond with symptoms and degree of bother.

### Study design, materials and methods

Subjects were recruited for this cross-sectional study during Twins Day Festivals in Twinsburg from 2004-2009. An anonymous survey on pelvic floor dysfunction, including questions assessing for anal incontinence (AI), was completed. In 2004, the PFDI was included; the PFDI-20 was used in subsequent years. For 2004 data, PFDI items constituting the PFDI-20 were analyzed. The PFDI-20 and its subscales (Colorectal-anal Distress Inventory (CRADI-8), Pelvic Organ Prolapse Distress Inventory (POPDI-6), and Urinary Distress Inventory (UDI-6)) were scored as previously described [1]. Scores were compared between continent and incontinent women and between incontinent subtypes by Wilcoxon rank-sum tests.

### Results

PFDI-20 and all subscale scores differed significantly between subjects with AI of flatus only (n=265), AI of liquid stool (n=79), or AI of solid stool (n=44) and those denying any AI (n=1162) (Fig 1). CRADI-8, UDI-6, and PFDI-20 scores differed significantly between subjects socially bothered by AI of flatus and those unbothered. CRADI-8 and PFDI-20 scores differed significantly between subjects socially bothered by AI of liquid stool and those unbothered. PFDI-20 and all subscale scores differed significantly between subjects socially bothered by AI of solid stool and those unbothered (Fig 2).

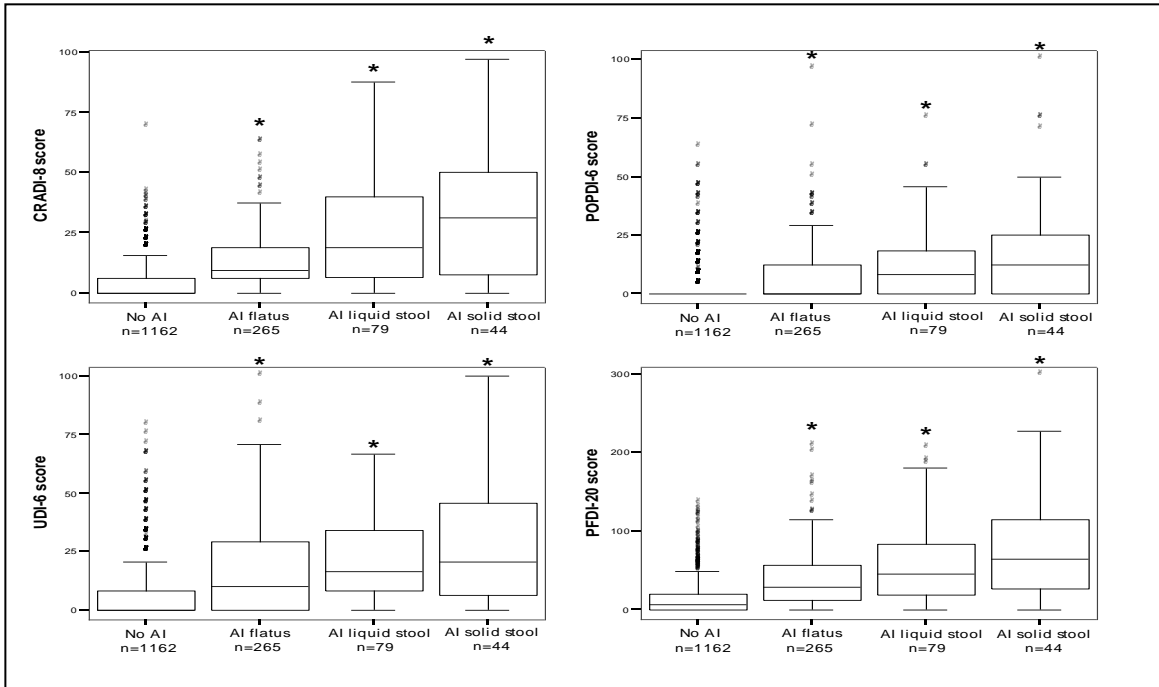
### Interpretation of results

Women in the general population reporting AI of flatus, liquid stool, and solid stool segregate themselves from those without these conditions based on CRADI-8 and PFDI-20 scores; furthermore, scores for symptomatic subjects differ depending on whether their quality of life (social bother) is affected by their AI.

### Concluding message

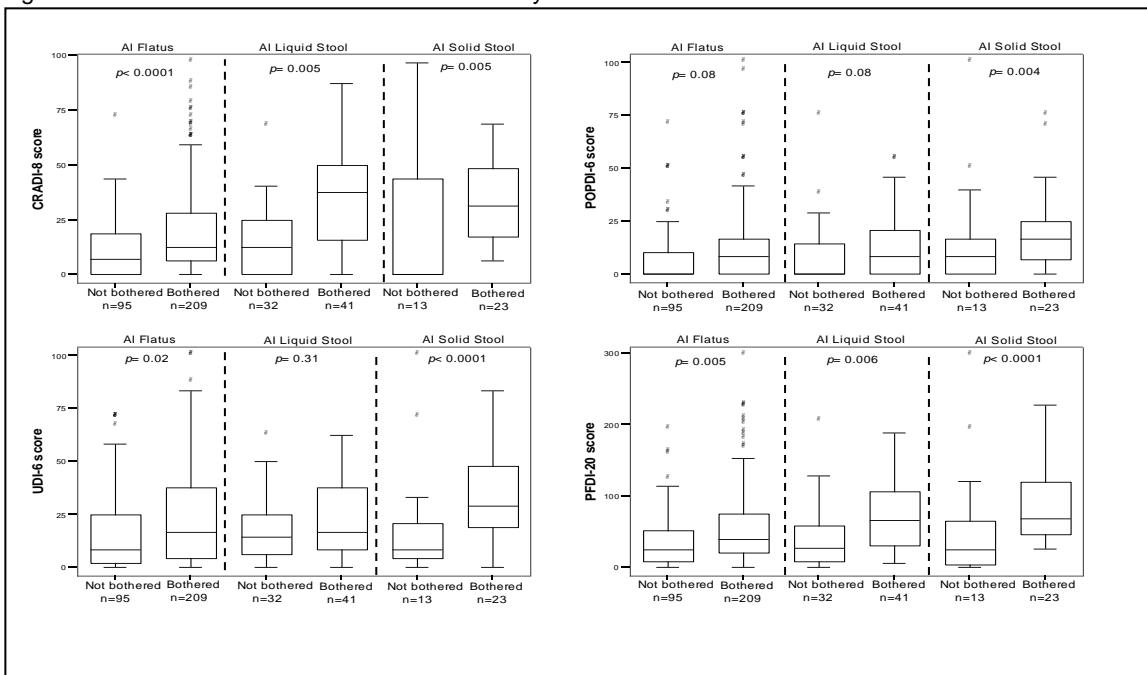
The PFDI-20 appears sensitive to patient symptomatology and degree of bother among women in the general population with AI.

Figure 1. PFDI-20 and subscale scores for women with and without anal incontinence



CRADI-8, Colorectal-anal Distress Inventory; POPDI-6, Pelvic Organ Prolapse Distress Inventory; UDI-6, Urinary Distress Inventory; PFDI-20, short-form of the Pelvic Floor Distress Inventory  
 $p < 0.0001$  when comparing incontinence subtype to no UI by Wilcoxon rank-sum test

Figure 2. PFDI-20 and subscale scores for socially bothersome anal incontinence



CRADI-8, Colorectal-anal Distress Inventory; POPDI-6, Pelvic Organ Prolapse Distress Inventory; UDI-6, Urinary Distress Inventory; PFDI-20, short-form of the Pelvic Floor Distress Inventory  
 $p$ -value determined by Wilcoxon rank-sum test

**References**

- Am J Obstet Gynecol 2005;193:103-113.

<b>Specify source of funding or grant</b>	None
<b>Is this a clinical trial?</b>	No
<b>What were the subjects in the study?</b>	HUMAN
<b>Was this study approved by an ethics committee?</b>	Yes
<b>Specify Name of Ethics Committee</b>	NorthShore University HealthSystem Institutional Review Board Project#: EH03-260 (exempt research)
<b>Was the Declaration of Helsinki followed?</b>	Yes
<b>Was informed consent obtained from the patients?</b>	No

