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EVALUATION OF THE CLINICAL UTILITY OF THE PFDI-20 AMONG WOMEN IN THE GENERAL POPULATION.

Hypothesis / aims of study
To enhance the usefulness of the PFDI-20 by establishing score distributions for women in the general population and to determine whether scores correspond with symptomatology.

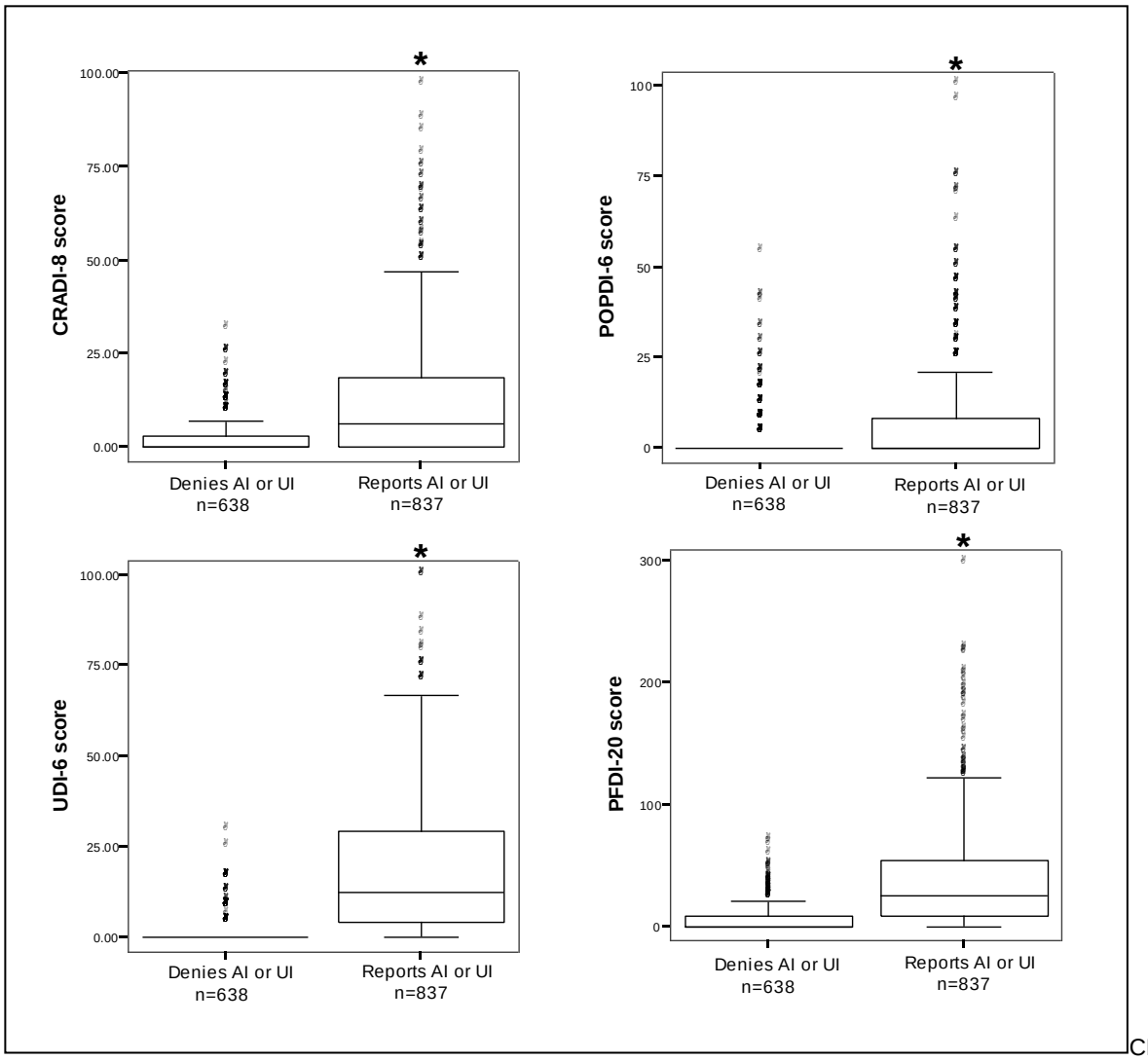
Study design, materials and methods
Subjects were recruited for this cross-sectional study during Twins Days Festivals, the world's largest gatherings of twins held annually in Twinsburg, Ohio, from 2004-2009. Any woman over age 18 approaching our research tent was eligible for inclusion so long as she had not participated in prior years. Subjects were compensated $10 U.S. for completing an anonymous survey on pelvic floor dysfunction (PFD) including questions assessing for stress and urgency urinary incontinence (SUI and UUI), as well as anal incontinence (AI). 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 by Wilcoxon rank-sum tests.

Results
1624 women completed the survey (mean age 40.3±16.6 years, mean BMI 26.2±6.6 kg/m^2, and median parity 0 (range 0-11)). 32% of subjects were post-menopausal and 88.7% were Caucasian. 36 women reported a history of surgery for urinary incontinence, and 26 women reported taking medication for bladder control. PFDI-20 and all subscale scores differed significantly between subjects denying any incontinence (n=638) and subjects reporting urinary incontinence (UI) or AI (n=837) (Fig 1). 149 subjects provided incomplete answers to primer questions regarding UI or AI and were not included in the analysis.

Interpretation of results
Scores for the PFDI-20 and its subscales from a sample of the general population correspond with the presence or absence of PFD.

Concluding message
The PFDI-20 was validated among women seeking care at tertiary care centers for PFD [1]. The survey yields valuable information on how quality of life is affected; however a single score is difficult to interpret as reference scores have not been established among women without pelvic floor dysfunction (PFD). As improvement in quality of life is a goal for women suffering PFD, it is important to have reference points for interpretation of questionnaire scores. The normative score distributions for the PFDI-20 presented here provide reference points to gauge the effect of disease and intervention on quality of life for women with PFD.

Figure 1. PFDI-20 and subscale scores for women with and without pelvic floor dysfunction



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

References

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

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Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**NorthShore University HealthSystem Institutional Review Board Project#: EH03-260 (exempt research)**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**No**