

## SENSITIVITY OF THE PFDI-20 TO THE PRESENCE OR ABSENCE OF URINARY 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 urinary incontinence (UI) 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 Days Festivals from 2004-2009. An anonymous survey on pelvic floor dysfunction, including questions assessing for stress and urgency urinary incontinence (SUI and UUI), 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 SUI only (n=256), UUI only (n=90), or mixed UI (n=309) and those denying SUI and UUI (n=814) (Fig 1). PFDI-20 scores differed significantly between subjects with UUI only and SUI only ( $p=0.04$ ). PFDI-20, POPDI-6, and UDI-6 scores differed significantly between subjects with mixed UI and those with SUI only ( $p<0.0001$  each). PFDI-20 and subscale scores did not differ significantly between subjects with UUI only and mixed UI. Among subjects with UI, PFDI-20 and all subscale scores differed significantly between those who were and were not socially bothered by their symptoms (Fig 2).

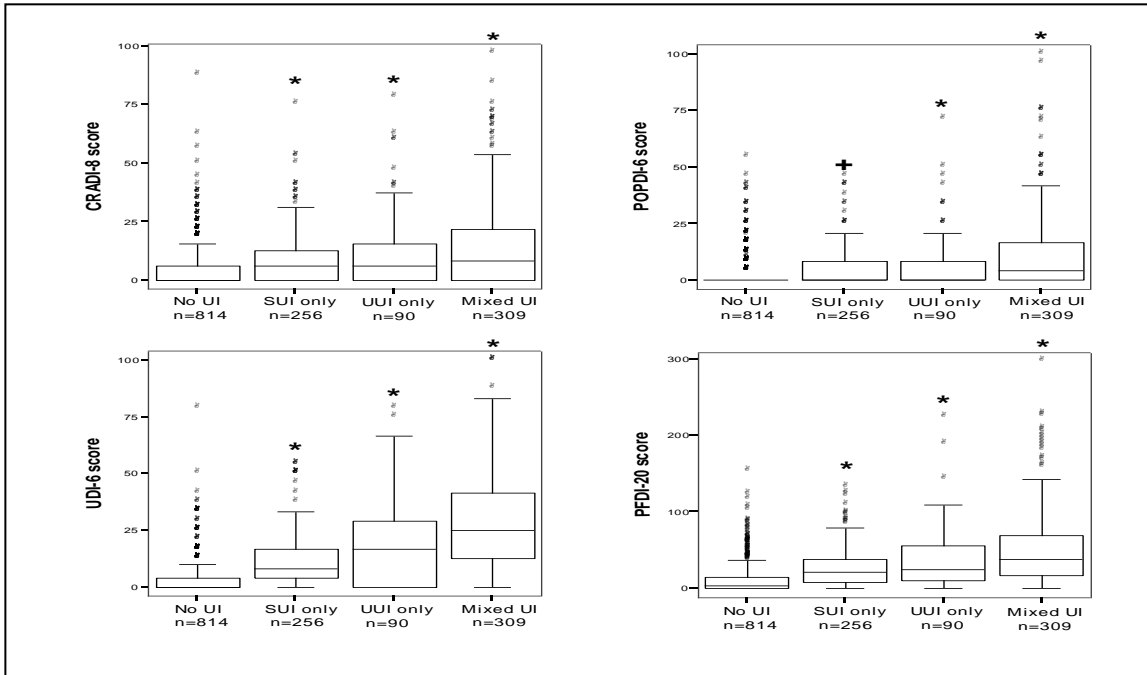
### Interpretation of results

Women reporting SUI, UUI, and mixed UI segregate themselves from those without these conditions based on UDI-6 and PFDI-20 scores; furthermore, scores of symptomatic subjects differ depending on whether their quality of life (social bother) is affected by their UI.

### Concluding message

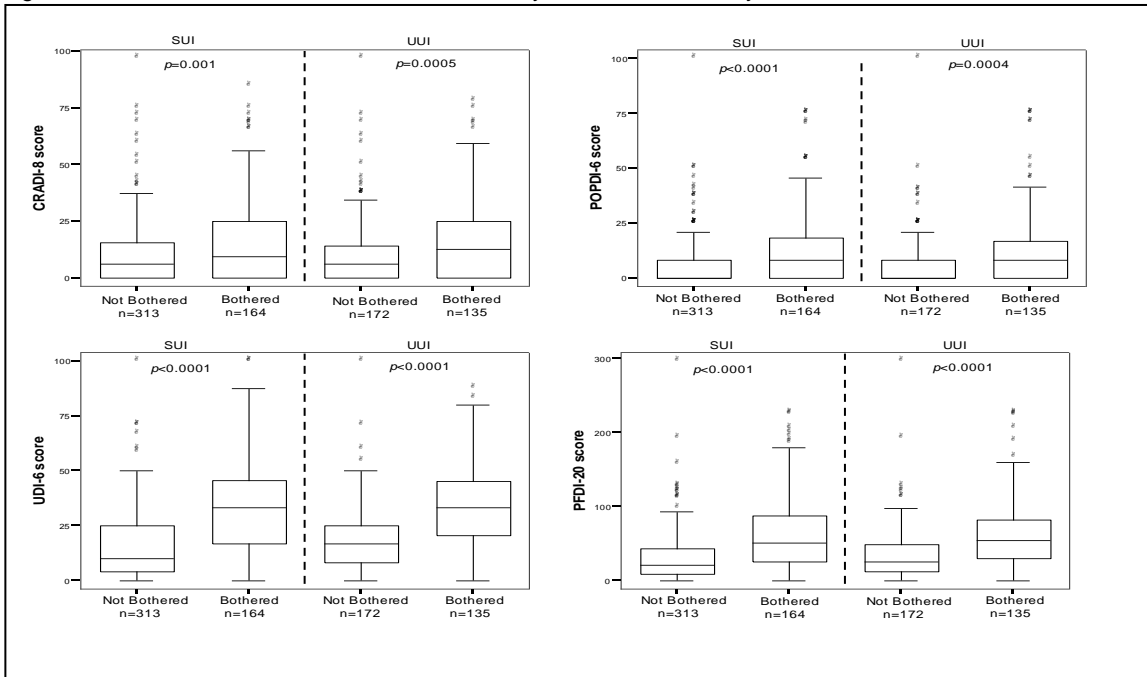
The PFDI-20 appears sensitive to patient symptomatology and degree of bother among women in the general population with UI.

Figure 1. PFDI-20 and subscale scores for women with and without urinary 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  
 +  $p = 0.0003$  when comparing incontinence subtype to no UI by Wilcoxon rank-sum test

Figure 2. PFDI-20 and subscale scores for socially bothersome urinary 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**

1. 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)

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<i>Was the Declaration of Helsinki followed?</i>	<b>Yes</b>
<i>Was informed consent obtained from the patients?</i>	<b>No</b>

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