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S Salvatore, M Soligo\*, V Khullar, C Monti\*, M Lalia\*, L Cardozo

Urogynaecology Unit, King's College Hospital, London, UK  
\*University of Insubria. Varese. Italy

### LONG TERM FOLLOW-UP OF PATIENTS WITH MIXED INCONTINENCE

#### AIMS OF STUDY

Mixed incontinence describes the urodynamic finding of an unstable bladder in association with urethral sphincter incompetence. It is a common condition and can be found in 34% of women with urinary symptoms<sup>1</sup>. The treatment of mixed incontinence is controversial, some authorities suggesting conservative approaches (pharmacological and physiotherapy), whereas others advocate surgery. There is little information in the literature regarding the long term outcome of patients with mixed incontinence. The aim of this study was to assess women with a diagnosis of mixed incontinence and to review clinical long term follow-up.

#### METHODS

Women with a urodynamic diagnosis of mixed incontinence were included. Before undergoing urodynamics they all had a clinical examination and completed a urinary symptoms questionnaire including a visual analogue scale. Following diagnosis anticholinergic drug therapy and home bladder drill were prescribed. The women were then reassessed after three months before initiating any further treatment. In this study follow-up was achieved by clinical assessment in the outpatient clinic and in some cases by home telephone calls. If after five telephone calls we could not contact a patient, she was considered lost to follow-up. Women were asked about their present urinary symptoms, the therapy prescribed since their first consultation, whether they were still undergoing treatment and if any further treatment was planned. Data were download and stored on a dedicated data-base and analysed.

#### RESULTS

In this study 146 women with mixed incontinence were recruited. One-hundred-and-seven women (73.3%) were reassessed after an average of 3 years (range 6 months-4 years). Their mean age was 60 years (range 29-85yrs). Sixty-two (57.9%) were still on treatment or had been discharged whereas 45 (42.1%) were not having treatment for their urinary problems. Table 1 shows the present condition of these women, whether they wished to have further treatment and the initial treatment they had.

Initial treatment	Present Condition			Asking further treatment	
	Better	Same	Worse	Yes	No
Anticholinergics (n. 80)	43	26	11	29	51
Surgery (n. 19)	12	5	2	3	16
Physiotherapy (n. 8)	3	4	1	4	4

Of the 80 women who had started anticholinergic treatment 40 (50%) were still taking medication, 8 (10%) had never started and 32 (40%) stopped because of side effects. Ten of these women subsequently underwent an operation for sphincter incompetence and/or associated vaginal prolapse; only one reported worsening urinary symptoms. Surgery was performed as first line treatment in 19 women despite our suggestions regarding treatment; this happened in other hospitals. The urinary symptoms of each treatment group were analysed but no significant correlation with cure was found.

#### CONCLUSIONS

This is the only long-term study of women with mixed incontinence. From our data it appears that an initial treatment with anticholinergics is worthwhile since the majority of patients won't require any further treatment. This figure may improve with the use of newer anticholinergic drugs with less side effects. There was no association between the severity of irritative bladder symptoms or stress incontinence and the final outcome.