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INCONTINENCE AND PROLAPSE IN WOMEN: ARE WE HELPING?

Aims of Study

To determine the factors associated with success of treatment of incontinence and prolapse in a tertiary referral centre.

Methods

All women attending the urogynaecology clinic over a six month period, who had no previous treatment for pelvic floor problems under our care, were asked to complete the short versions of the Urogenital Distress Inventory (UDI) and the Incontinence Impact questionnaire (IIQ)[1] and a generic quality of life questionnaire (the SF36). After a minimum of 12 months, information was collected on the management of the women and further questionnaires were sent to those who had completed the first questionnaire.

Results were analysed by SPSS for Windows version 9. The questions in the short form of the urogenital distress inventory (UDI) and the incontinence impact questionnaire (IIQ) were scored as previously described[1]. On factor analysis the UDI was divided into two subscales – urinary symptoms and obstructive symptoms. The SF-36 consists of eight subscales: physical functioning, role limitations due to physical functioning, bodily pain, general health, vitality, social functioning, role limitations due to emotional problems, and general mental health.

Results

Questionnaires were sent to 417 women, 378 women returned the first questionnaire (91%) and of these 72% (272) returned the second questionnaire. Of the women who responded to the first questionnaire, five died before being sent the second questionnaire. One of these deaths was a 78-year-old woman who died following a vascular complication during a TVT procedure; the other four deaths were unrelated to treatment of their pelvic floor condition.

Scores on the SF36 tended to be worse than the general population. Overall there was a deterioration in mental health between baseline and follow up ($p<0.001$, sign test). Women who had major surgery between baseline and follow up had an improvement in their physical functioning ($p<0.001$) and physical role ($p=0.01$), but women who had other treatments such as periurethral injections, anticholinergic medication or physiotherapy showed no improvement in any of the subscales of the SF36.

Table 1 Improvement on the UDI and IIQ following different treatments.

	Improved IIQ* N= 264	Improved UDI urinary* N = 263	Improved UDI obstructive* N = 263
Any major surgery	44/59 (75%)	42/61 (69%)	39/59 (66%)
Colposuspension	21/26 (81%)	25/26 (96%)	15/26 (58%)
TVT or vesica	4/6 (67%)	7/7 (100%)	4/7 (57%)
Vaginal repair	16/22 (72%)	9/23 (39%)	15/22 (68%)
Sacrocolpopexy/hysteropexy	6/9 (67%)	5/9 (56%)	6/8 (75%)
Periurethral injections	20/37 (54%)	14/37 (38%)	12/38 (32%)
Anticholinergic treatment	46/91 (51%)	51/90 (56%)	36/88 (41%)
Oxybutynin	43/78 (55%)	45/78 (58%)	34/74 (46%)
Tolterodine	15/33 (46%)	15/32 (47%)	13/32 (41%)
Physiotherapy treatment	21/44 (48%)	30/43 (70%)	12/43 (28%)

*Variations in the denominator are due to missing responses to parts of the questionnaires.

Using stepwise multiple regression to control for confounding between variables, there was a greater improvement in the IIQ and the two subscales of the UDI when the original scores were higher. In addition, the IIQ showed greater improvement in women who had no other medical illnesses and those who had major surgery between baseline and follow up. Obstructive symptoms were more likely to be improved in women who did not have a clinical diagnosis of recurrent urinary tract infection and those who did not have a urodynamic diagnosis of voiding disorder. Urinary symptoms on the UDI were more likely to be improved in those who had not had surgery for pelvic floor disorder, in women who had major surgery between baseline and follow up, those who did not have a either pelvic pain or recurrent urinary tract infections, in women who

were not treated with periurethral injections and women who had lower original scores on the IIQ. Neither age, parity, body mass index, other clinical or urodynamic diagnoses, use of concomitant medication or anticholinergics or completing a course of physiotherapy affected the scores on the IIQ or either subscale of the UDI.

Conclusions

Recent research has suggested that surgery for stress incontinence is less successful than previously believed[2]. However, in this study, major surgery was the only treatment associated with any improvement in the SF36 and an improvement in the IIQ and the urinary subscale of the UDI. Nonetheless, there is a morbidity associated with surgery, which needs careful discussion wiht the patient.

References

1. Short Forms to Assess Life Quality and Symptom Distress for Urinary Incontinence in Women: The Incontinence Impact Questionnaire and the Urogenital Distress Inventory *Neurourol Urodyn* 1995; **14:** 131-140
2. Impact of surgery for stress incontinence on morbidity: cohort study *BMJ* 1997; **315:** 1493-1498