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CORRELATION BETWEEN ABDOMINAL LEAK POINT PRESSURE (ALPP), INCONTINENCE SEVERITY AND QUALITY OF LIFE IN PATIENTS WITH STRESS URINARY INCONTINENCE

Hypothesis / aims of study

To establish the correlation between ALPP, severity of incontinence (referred by the patient), and quality of life measured using the ICIQ SF questionnaire.

Study design, materials and methods

Between July and December 2009, 278 female patients with clinical diagnosis of stress urinary incontinence were included. Urodynamic studies were performed according to the Good urdynamic practice recommendations of the International Continence Society (ICS). A detailed urogynecologic questionnaire was developed independently by three experts in the field and was tested in a pilot sample. The ICIQ questionnaire translated and validated into Spanish was also applied. Measures of frecuency and correlation between variables were estimated using non parametric tests.

Results

Seventeen percent (17%) of the patients consider the incontinence to be mild, 64% moderate and 18.2% severe. An ALPP below 60cms/H20 was found in 7.9% of the cases. A direct correlation was found between the severity of incontinence and the ICIQ questionnaire .(Spearman's rho = 0.24 p=0.01) . A good correlation was also found between incontinence severity and QoL scale .(Spearman's rho = 0.1418 p=0.01) When comparing ALPP and severity of incontinence, we found a no significant correlation (p=0.12). The ICIQ scale global score and subScores does not correlate with the ALPP value as well .(Spearman's rho =- 0.00009 p=0.98) The only clinical parameter that closely related with ALPP value was the presence of a previous surgery.(Spearman's rho = 0.1418 p=0.01)

Interpretation of results

There is a clear correlation between the severity of incontinence and Quality of life scale but the correlation of the severity of incontinence, quality of life and Abdominal lealk point pressure is poor. Multiple clinical factors that might be associated with incontinence caused by sphincteric deficiency have been identified. Nevertheless, the evidence is contradictory in demonstrating that the clinical variables can suggest the ALPP obtained during the urodynamic study..

Concluding message

Female patients with stress urinary incontinence have a greater impact on their QoL if incontinence is more severe. However, the severity reported by them has no correlation with the ALPP obtained in the urodynamic study. Regression models that involve more variables should be constructed in order to identify clinical factors that allow us to predict ALPP, and adequately suggest and classify the type of incontinence with the aim to choose the ideal surgical technique for each individual.

Specify source of funding or grant	**NONE**
Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**No**
This study did not require ethics committee approval because	**It is an observational design, there is no intervention and a written informed consent was obtained on each subject**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**