

## WHICH FACTORS CONTRIBUTE TO PATIENTS' ACCEPTANCE TO THE CONSERVATIVE TREATMENT IN FEMALE VOIDING DYSFUNCTIONS?

**Hypothesis/aims of study:** To identify the relationship between clinical variables and women acceptance to the conservative treatment for stress urinary incontinence (SUI), mixed urinary incontinence (MUI) and overactive bladder (OAB).

### Study design, materials and methods

Between November 2011 and November 2012 all women with SUI, MUI and OAB evaluated in our Female Urology Section were referred to conservative treatment, which included lifestyle interventions, pelvic floor muscle training (PFMT), posterior tibial nerve stimulation (PTNS) alone or in association with PFMT depending on the diagnosis. All women were evaluated by pelvic floor digital exam (New Perfect Scheme); 1-hour pad testing; International Consultation on Incontinence Questionnaire (ICIQ-SF); Overactive Bladder Questionnaire (OAB-SF); World Health Organization in Quality of Life Questionnaire (WHOQOL-Brief) and a Female Sexual Quotient (FSQ). After the explanation about the procedures, women were asked if they accepted to initiate the conservative treatment. For those who did not accepted for any reason, alternative treatments were offered (anticholinergics, sling surgery, etc) depending on the diagnosis. Exclusion criteria were the presence of neurological diseases, pelvic organ prolapse > stage II, pelvic pain syndromes, lower urinary tract infection and previous radiotherapy.

### Results

It was included 158 women with mean age of  $57.28 \pm 12.78$  (range 24–87) years old. Demographics are presented in table 1. The acceptance rate to conservative treatment was 79.75% (n=126). Data analysis showed dependence between acceptance and practice of physical activity (P=0.007), pelvic floor muscle (PFM) reflex contraction during effort (P=0.041) and urinary leakage pad weight between 1-10 grams (P=0.021).

**Table 1 – Demographic Data**

Variables		n (%)
Urinary Symptoms	MUI	88 (56.69%)
	SUI	44 (27.85%)
	OAB	26 (16.46%)
Time of symptoms (years)	0-2	60 (37.97%)
	2-5	50 (31.65%)
	>5	48 (30.38%)
Educational Level (years)	0-9	111 (70.26%)
	>9	47 (29.74%)
Marital status	Single	31 (19.62%)
	Married	88 (55.70%)
	Divorced	6 (3.80%)
	Widow	33(20.89%)
Medical History	Climateric	103 (66.03%)
	Hypertension	74 (46.84%)
	Diabetes	35 (22.15%)
	Depression	30 (18.99%)
BMI (Kg/m <sup>2</sup> )	18-24	41 (25.95%)
	25-30	66 (41.77%)
	>30	48 (30.38%)
Urinary leakage pad weight (g)	0	16 (10,12%)
	1-10	103 (65,19%)
	> 11	39 (24,69%)
Presence of:		
PFM reflex contraction during effort	no	106 (70,67%)
	yes	44 (29,33%)
Physical Activity	no	23 (14,65%)

#### Interpretation of results

Data analysis showed that the regular practice of physical exercises and the presence of PFM reflex contraction during effort contribute to a better acceptance of physiotherapy treatment. Urinary leakage pad weight between 1-10 grams was also a positive factor of treatment's acceptance, showing that women who presented a low/moderate urinary leakage preferred PFM treatment. However, this study showed that 20.25% of the sample size refused to initiate a noninvasive, painless and no side effects treatment. This high percentage could be explained by social barriers, as transportation costs, absence from work and time/distance related to patient's displacement, patient's experience of an unsuccessfully physiotherapist's treatment and a preference to a pharmacological/surgical treatment.

#### Concluding message

Women who presented PFM reflex contraction during an effort, a small/moderate amount of urinary leakage and regular practice of physical activity showed a high level of acceptance to a PFM treatment. Type of symptoms, age, schooling, sexual satisfaction and quality of life did not interfere statistically in this acceptance.

#### Disclosures

**Funding:** none **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** this study is not about any kind of intervention in humans. The process of approval is under process at this moment and all patients signed a agreement statement. **Helsinki:** Yes **Informed Consent:** Yes