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QUESTIONNAIRES FOR URINARY INCONTINENCE EVALUATION. IS A CURRENT CLINICAL PRACTICE?

Hypothesis / aims of study

Clinical history is an important method to assess symptoms and their effect on daily life, in patients with pelvic floor dysfunctions. However, in a situation in which a standardized, reproducible assessment is desired, clinical histories can be problematic, because they have an important variety depending on each clinician or patient encounter. The most valid way of measuring the presence, severity, and impact of a symptom on a patient's activities is using validated self-administered questionnaires.

The aim of this study is to evaluate the use and type of validated questionnaires in published articles about urinary incontinence.

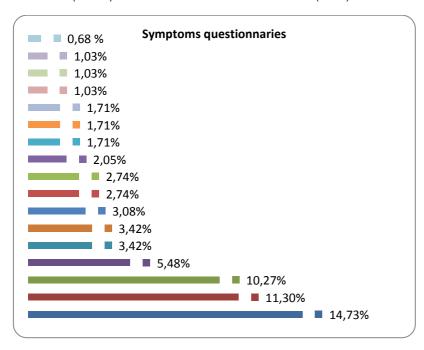
Study design, materials and methods

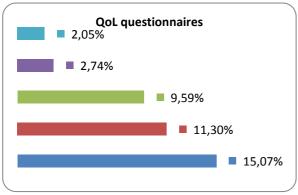
A systematic literature search was conducted on MEDLINE, to identify articles, published between January 2006 and December 2011, about urinary incontinence. Search terms were: "stress urinary incontinence", "TVT" and "urge incontinence" resulting in a total of 2454 individual papers. Exclusion criteria were: reports in a non-English language, children or men, letters and reviews. After application of exclusion criteria 292 papers were found to be relevant and full text revised to see which questionnaires were used in each of them. We collected data about impact factor, year and origin of publication and type of study. We analyze the use of quality of life, symptoms, sexual function and global indexes questionnaires and the most frequent used

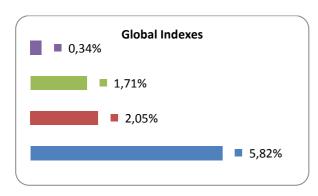
Results

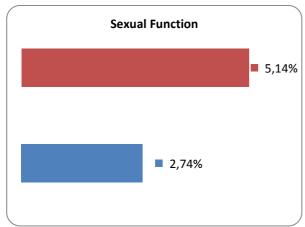
in every category.

41 of 292 (15.6%) articles used validated Symptoms questionnaires. Quality of Life (QoL) questionnaires were used in 113 of 292 articles (38.7%). Sexual function scores in 23 studies (7.9%) and Global Indexes in 24 articles (8.2%)









There were no statistically significant relation between the use of validated questionnaires and the publication impact factor with p= 0,075 for Symptoms questionnaires, p=0.624 in case of QoL questionnaires, p= 0.473 for Sexual function scores and p=0.079 in Global Indexes.

There neither were statistically significant differences in validated questionnaires use if we analyse the year of publication for QoL, Sexual Function or Global Indexes (p=0.11, 0.4 and 0.871) but there were more use of validated symptoms questionnaires in recent publications (p=0.034)

Interpretation of results

Use of validated questionnaires in urinary incontinence publications is low and there is no relation with the journal's impact factor or the year of publication.

The most used questionnaires are: UDI, bladder diary and ICIQ for symptoms, IIQ and IQoL for quality of life, FSFI and PISQ 12 for sexual function and PGII or SF-36 in case of Global Indexes

Concluding message

The use of validated questionnaires is necessary to assess symptoms and their effect on patient's daily life. It is the only way to reproduce and standardize results and it would be important to use the in all studies and publications.

Disclosures

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