

## OUTCOME AFTER CONSERVATIVE MANAGEMENT FOR MIXED URINARY INCONTINENCE

### Hypothesis / aims of study

The recommended initial treatment for mixed urinary incontinence involves behavioral therapy, drug and pelvic floor muscle exercises. Our objective is to evaluate the outcome of conservative treatment in our patients with mixed urinary incontinence.

### Study design, materials and methods

A retrospective review was conducted on patients with mixed urinary incontinence who were offered a sequential of treatment starting with conservative modalities including medication and physiotherapy. Outcome of improvement was defined as score  $\leq 1$  for question 2 and 3 on Urodynamic distress inventory (UDI-6) and on Incontinence Impact Questionnaire (IIQ-7) in addition to clinical remarks of symptomatic improvement and no urgency, urge incontinence and voiding frequency of less than eight times per 24 h based on a 3-day bladder diary after treatment. Treatment outcome of patients opting for medication plus physiotherapy (M+P) group were analyzed against patients preferring for medication only (M) group.

### Results

Sixty-two mixed urinary incontinent patients received an initial treatment with conservative measures with mean follow up of 14 months. A total of 61.2% (30 of 49) and 56.3% (9 of 13) subjects had improved symptoms in M+P and M group, respectively. There was significant improvement in UDI-6 total score in the M+P group after conservative treatment, despite no significant difference when compared to M group. Only 6.45% required subsequent antiincontinence surgery after conservative treatment, amongst them only half showed improvement after the surgery.

### Interpretation of results

Mixed urinary incontinence is a complex condition. Its pathophysiology is poorly understood, hence the treatment is indefinite. Behavioural therapy and pelvic floor muscle training (PFMT) in combination with medication is the recommended initial treatment for MUI patients.

In our study, not all patients adhered to the planned treatment of a minimum of 8 weeks; nevertheless, 56.3% of patients using antimuscarinics alone reported improvement in symptoms. About 80% (49/62) of patients followed the suggested treatment plan of combined medical and physiotherapy, with a drop-out rate of 21% (13/62). Even after initial primary treatment, women with MUI can still improve from physiotherapy in addition to medication. After having complied with an initial plan for physiotherapy, the patients could have already learned to use their pelvic floor muscles in circumstances where either SUI or UUI may occur, and might continue conducting such exercise as a home-based setting.

The number of patients eventually requiring antiincontinence surgery with midurethral sling after failing an initial conservative approach was 6.45% (4/62).

The majority of patients could have symptomatic improvement after an initial conservative treatment with medication and physiotherapy, as the latter could help improve the SUI component in MUI without needing any further surgical intervention.

### Concluding message

Combined treatment with medication and physiotherapy is highly recommended for patients with mixed urinary incontinence. Conservative measures should still precede any surgical intervention. Further studies are needed to evaluate the long-term efficacy.

### Disclosures

**Funding:** none **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Institutional Review Board of Chang Gung Memorial Hospital (IRB 103-0580B) **Helsinki:** Yes **Informed Consent:** Yes