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IS THERE A CORRELATION BETWEEN THE ABDOMINAL LEAK PRESSURE POINT, INCONTINENCE SEVERITY AND QUALITY OF LIFE IN PATIENTS WITH STRESS URINARY INCONTINENCE?

Hypothesis / aims of study: to assess whether there is correlation between the point of pressure loss abdominal (ALPP) and several tools to assess severity and quality of life associated with stress urinary incontinence (SUI).

Study design, materials and methods:
prospective and descriptive study of women arising for urodynamic study by stress urinary incontinence in Professor Bengio urological Center between September 2011 and October 2012. All patients underwent anamnesis, physical examination (where evidenced SUI), score Sanndvik, urinary incontinence ICIQ-SF questionnaire and (IIQ-7) incontinence impact questionnaire. In all cases was performed uroflowmetry and complete urodynamic exam. Intrinsic sphincter deficiency (ISD) was defined when the value of ALPP was ≤ 60 cm H2O. The relationship between point of pressure loss abdominal (ALPP) and measurements of the severity of incontinence and quality of life (daily pads, Sandvik, ISIQ-SF score and score IIQ7 short score) was evaluated with the Spearman correlation coefficients. T tests at α =0.05 were conducted to compare the distributions of the continuous severity measure between patients with ISD and those without ISD.

Results
105 women were studied. ALPP mean was 84 cm H2O (30-170). Patients with ALPP lower and higher than 60 cm H2O were 21 and 84 respectively. There are no differences between the groups to evaluate General and demographic characteristics. There was no correlation between the severity of incontinence measurements and ALPP: daily protectors (ρ 0.10; p NS), Sandvik severity score (ρ 0.05; p NS), ISIQ-SF score (ρ 0.0004; p NS) and Score IIQ7 (ρ 0.06, p NS). When patients with ISD (ALPP ≤ 60 cm H2O) and those without ISD (ALPP > 60 cm H2O) were analyzed, there was no difference statistically significant between the groups in the comparison according to severity and quality of life questionnaires.

Interpretation of results:
there is conflicting evidence regarding the role of the ALPP to determine severity of stress urinary incontinence. Using a logical reasoning, one should think that those patients with lower ALPP would be related to an increased severity of incontinence and one deterioration in the quality of life. However, while the ALPP represents a parameter to determine the urethral sphincter dysfunction, in our series, it does not seem to have association with the severity of the symptoms, the amount of urine loss and quality of life.

Concluding messagein:
in this series, there is not a significant correlation between the abdominal leak pressure point and the severity and quality of life measurements in patients with stress urinary incontinence.

Disclosures
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