Hypothesis / aims of study:
to assessed the association among empty bladder stress test and objective and subjective measures of stress urinary incontinence (SUI) severity.

Study design, materials and methods:
prospective, analytic and descriptive study of females with urodynamics measures with diagnosis of stress urinary incontinence. Every patient underwent thought an interrogatory (including number of daily pads) and physical exam, questionnairies ISIQ-SF, short IIQ-7 and full urodynamic study, including the measuring of the abdominal leak pressure point (ALPP). Empty stress test (+) was defined like stress urine leak in the physical exam after uroflowmetry evacuation and in absence of significant post-micturition remains. To evaluated the relation between empty bladder stress test and each one of the stress urine incontinence severity measures, the test of Student was made, considering a <0.05 value like statistically significant.

Results:
107 patients were studied in the final analysis, of wich 49 had empty bladder stress test (+) and 58 (-). Patients with positive test relate bigger number of protectors per day (3.9 vs 2.8; p 0.013), bigger ICIQ-SF score (15.04 vs 12.22; p 0.0007), higher IIQ-7 score (52.2 vs 37.5; p 0.0049) and less urodynamics ALPP (73 cm H2O vs 91 cm H2O; p 0.0002).

Interpretation of results:
our data reveal that the empty bladder test could represent an interesting parameter when considering the severity of incontinence and impact on quality of life. However, the lack of universally accepted measurements of severity produced a frank difficulty when performed or compare results of clinical and epidemiological studies at this point. In this way, new studies are needed to confirm that the test of empty bladder is an important marker in the assessment of impact on quality of life.

Concluding message: in our series, SUI patients presenting empty bladder (+) test has a strong correlation with subjective and objective perception of the severity of the incontinence of urine with a negative impact on the quality of life of the patient.

Disclosures
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