

## DO PATIENTS KNOW WHAT WE ARE TALKING ABOUT?

### Hypothesis / aims of study

To compare patient self-reported urinary incontinence diagnosis based on ICIQ SF question number six to physician validated urinary incontinence diagnosis.

### Study design, materials and methods

This is a retrospective cross-sectional review of patients who presented to one provider in the Division of Urogynecology with complaints of urinary incontinence between January, 2014 and August, 2016. 432 patients were included in this review. During their initial visit patients fill the International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF) and propose urinary incontinence diagnosis based on question number six. Answers provided by ICIQ questionnaire are then validated by physician evaluating the patient. Final diagnosis used for this evaluation is diagnosis derived from coded diagnosis and chart review. Diagnosis reviewed are stress urinary incontinence (SUI), urinary urgency incontinence (UUI), insensible urine loss, nocturnal enuresis and post-micturition dribbling.

### Results

Diagnosis	ICIQ positive response on question #6	Total number of patients with this diagnosis based on physician diagnosis
Urinary Urgency Incontinence	219 (61%)	357
Stress urinary incontinence	202 (66%)	308
Insensible urine loss	61 (51%)	119
Post micturition dribbling	63 (45%)	140
Nocturnal Enuresis	39 (44%)	89

Table 1. Number of patients that self-diagnosed certain urinary incontinence condition based on ICIQ SF question number six.

Diagnosis	Patients reported never leaking urine	Total number of patients with this diagnosis based on physician diagnosis
Urinary Urgency Incontinence	21 (6%)	357
Stress urinary incontinence	19 (6%)	308
Insensible urine loss	4 (3%)	119
Post micturition dribbling	7 (5%)	140
Nocturnal Enuresis	2 (2%)	89

Table 2. Number of patients that reported never to leak urine, and having diagnosis of urinary incontinence on further physician questioning.

### Interpretation of results

The presented patient population had mean age of 61, BMI 29 kg/m<sup>2</sup> and parity of 2. 432 patients have been included in this evaluation. The most common urinary incontinence complaint was UUI, followed by SUI, post-micturition dribbling, and nocturnal enuresis. 357 patients have been diagnosed with urinary urgency incontinence, out of which only 61% self-identified having this condition based on ICIQ question number six. 308 patients have been diagnosed with stress urinary incontinence and 66% of those patients self-identified as having stress urinary diagnosis. 51% of patients self-identified as having insensible urine loss, 45% have self-identified as having post micturition dribbling and only 44 % of those with nocturnal enuresis have self-identified as having this diagnosis. 37 patients reported never leaking urine, even thou on further questioning they were identified having one of the six above mentioned diagnosis.

### Concluding message

Our data supports existence of discrepancy between patient reported urinary incontinence diagnosis and physician validated diagnosis. Even thou there is significant clinical value of validated patient questionnaires, physician validation of those questionnaires needs to be performed in order to better understand clinical diagnosis of presented patients.

### References

1. Rohr, Gitte, et al. "Reproducibility and validity of simple questions to identify urinary incontinence in elderly women." *Acta obstetricia et gynecologica Scandinavica* 83.10 (2004): 969-972.
2. Hajebrahimi, S., J. Corcos, and M. C. Lemieux. "International consultation on incontinence questionnaire short form: comparison of physician versus patient completion and immediate and delayed self-administration." *Urology* 63.6 (2004): 1076-1078.
3. Shy, Michael, and Sophie G. Fletcher. "Objective evaluation of overactive bladder: Which surveys should I use?." *Current bladder dysfunction reports* 8.1 (2013): 45-50.

### Disclosures

**Funding:** None **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** North Shore University Health System Institutional Review Board **Helsinki:** Yes **Informed Consent:** No