Affiliations to disclose‡:

No disclosures

† All financial ties (over the last year) that you may have with any business organisation with respect to the subjects mentioned during your presentation

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#682 ASSOCIATION BETWEEN CONVENTIONAL URODYNAMICS, CHARACTERISTIC VARIABLES OF PATIENT PROFILE, AND SPECIFIC TYPE OF URINARY INCONTINENCE IN FEMALE PATIENTS

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Introduction

Management of urinary incontinence (UI) in women depends on the type of urinary incontinence.¹

Stress UI

Urge UI

Mixed UI

To assess if patient profile characteristics combination with urodynamic data could improve diagnostic of specific type of urinary incontinence: SUI, UUI, MixUI
Methods

Crossectional study
Pauls Stradins Clinical University Hospital
2013Sep-2017Mar

547 female with urinary incontinence

UDI-6
ICIQ-UI

StressUI
N=107

MixUI
N=365

UrgeUI
N=75

Examinations

Patient history

Physical examination

Urodynamics

Urodynamics should be performed in order to provide the knowledge on which rational treatment decisions and prognosis can be based²

## Results

<table>
<thead>
<tr>
<th>Urinary Incontinence type</th>
<th>StressUI</th>
<th>MixUI</th>
<th>UrgeUI</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>55 (45–64)</td>
<td>62 (53.5–70)</td>
<td>66 (56–70)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td><strong>BMI</strong></td>
<td>27.4 (±5.3)</td>
<td>29.8 (±5.9)</td>
<td>28.9 (±5.9)</td>
<td>0.001</td>
</tr>
<tr>
<td><strong>Menopause (%)</strong></td>
<td>61</td>
<td>81</td>
<td>81</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td><strong>Detrusor overactivity (%)</strong></td>
<td>13</td>
<td>26</td>
<td>32</td>
<td>0.006</td>
</tr>
<tr>
<td><strong>Urodynamic stress urinary incontinence (%)</strong></td>
<td>40</td>
<td>38</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td><strong>Maximum cystometric capacity (mL)</strong></td>
<td>353.3 (±131.6)</td>
<td>281.7 (±129)</td>
<td>279.1 (±125.2)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td><strong>Opening detrusor pressure (cmH₂O)</strong></td>
<td>19 (13–25)</td>
<td>20 (14–30)</td>
<td>25 (16–37)</td>
<td>0.008</td>
</tr>
<tr>
<td><strong>Maximum flow rate (mL/s)</strong></td>
<td>21 (15–26)</td>
<td>19 (13–26)</td>
<td>12 (9–18)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td><strong>Pressure transmission ratio (%)</strong></td>
<td>62 (42–80)</td>
<td>64 (49–75)</td>
<td>72.5 (63–82.8)</td>
<td>0.002</td>
</tr>
<tr>
<td><strong>Parity</strong></td>
<td>2 (1–2)</td>
<td>2 (1–2)</td>
<td>2 (1–2)</td>
<td>0.265</td>
</tr>
<tr>
<td><strong>Functional urethral length at rest (mm)</strong></td>
<td>35.2 (±8.7)</td>
<td>34.2 (±9.2)</td>
<td>36.4 (±8.4)</td>
<td>0.121</td>
</tr>
<tr>
<td><strong>Maximum urethral closure pressure at rest (cmH₂O)</strong></td>
<td>62 (44–79)</td>
<td>59 (44–80)</td>
<td>67.5 (51–94.3)</td>
<td>0.064</td>
</tr>
</tbody>
</table>

*Normal distribution, p – one-way ANOVA  **Not normal distribution, p – Kruskal-Wallis test  ***Qualitative data, p – Pearson’s chi-squared test
The most sensitive way to correctly diagnose the type of urinary incontinence is to combine patient profile characteristics with urodynamic examinations.
Thank you!