

**Abstract Reproduction Form B-1**

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CLINICAL ASSESSMENT OF URGENCY IN ADULT WOMEN

Introduction: Urgency to void is a clinically descriptive term applied to the report of an overwhelmingly strong, and often sudden, desire to pass urine. Whilst the symptom is generally associated with subsequent urinary incontinence, many patients will report urgency without leakage. Episodes of urgency may increase in number and intensity as the day progresses and be associated with, but constitute a different phenomena to, frequency of micturition. Whilst the Frequency Volume Chart and The Pad Test are routinely employed to measure urinary frequency and incontinence respectively, there is no equivalent reliable measurement tool for urinary urgency. The aim of this study was to develop a scale for the quantification of urgency in adults, hence to test this tool for reliability and assess its validity in describing clinical outcome.

Materials and Methods: Two verbal descriptor visual analogue scales (VAS) were devised, with a number of written prompts indicating increasing severity, along an unmarked ten unit line. The first scale (VAS 1) quantified perception of the sensation at urge with respect to discomfort or pain (it isn't uncomfortable; it is quite uncomfortable; it hurts; it hurts a lot), while a mark on the second scale (VAS 2), measured the behavioural response to the need to void (I can't make the urge go away; easily hold on; wait a short while; hardly wait; feel urine already leaking). The new measures were subjected to test re-test with a consecutive series of 39 women presenting to a urogynaecological clinic with the symptom of urinary urgency. All subjects completed the scales twice at an interval not less than two weeks apart prior to any treatment being instituted. The responses were measured to generate a score from zero to ten. This measurement tool was then offered to a series of 40 continence practitioners (physiotherapists and nurses) for trial as a pre and post treatment measure of the symptom of urgency. Each professional was asked to guide the patient through completion of the two visual analogue scales before treatment commenced and again after either treatment ceased or symptoms resolved. Therapists were asked to note whether in their opinion the patient's urgency appeared to have improved, stayed the same or deteriorated as a result of treatment. Thirty nine of the returned completed VAS were suitable for analysis of variance.

Results: VAS 1, quantifying the sensation at urge, showed a low mean score on both test (2.9) and retest (3.4), suggesting that the perception of discomfort or pain is poorly associated with the sensation of urgency. Test re-test of the first visual analogue scale, using the intraclass correlation coefficient (ICC), showed reliability of 0.75 with exact agreement in 18% of cases, 69% agreement at 1 unit and 84.6% agreement at 1.5 units. Measurement of the behavioural response to urgency (VAS 2) revealed a mean test and retest score of 6.4 and 6.7 respectively. This result equated with a response falling midway between the two descriptors "wait a short while" and "hardly wait". The second scale showed a high level of reliability with ICC equal



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to 0.8, exact agreement in 18% of subjects and 67% agreement at 1 unit and 85% agreement at 1.5 units.

Of the 39 women treated for urgency 29 were reported to be "better" following intervention, 7 patients were unchanged and one woman was described as "worse" than on initial presentation. As can be seen from Table 1 a significant change in VAS score was noted on both scales for the women who responded to treatment (VAS 1 $p < 0.02$; VAS 2 $p < 0.0001$), while no significant difference was noted for the women whose urgency remained the same (VAS 1 $p < 0.29$; VAS 2 $p < 0.31$).

Table 1: Measure of urgency using VAS 1 and 2 to describe clinical outcome

Post-Rx therapist subjective assessment	Mean VAS 1 Pre-Rx	Mean VAS 1 Post-Rx	Mean VAS 2 Pre-Rx	Mean VAS 2 Post-Rx
"Better"	2.5	1.5 **	7.0	3.5 ***
"Same"	4.6	3.6	7.3	6.9

** where $p < 0.05$, *** where $p < 0.001$

Conclusion: Results of this study support the use of a clinic-based quantification tool for documenting urgency in adults. In particular, use of the VAS 2 to measure behavioural response to severity of urge appears to be a clinically sensitive indicator of change. Previously urgency was quantified only during urodynamic investigation, and thus post-treatment reassessment was limited and results variable. This new tool will assist the therapist looking for treatment outcome measures of urgency in adults, particularly in the assessment of current treatment and the evaluation of novel intervention.