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Abstract Reproduction Form B-1

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Title (type in CAPITAL LETTERS): ASSESSMENT OF URINARY INCONTINENCE-FURTHER DEVELOPMENT AND VALIDATION OF **MISS**, A SYMPTOM SEVERITY SCORE.

AIMS OF STUDY: Urinary incontinence (UI) is a major clinical problem affecting more than 17 million adult Americans and yet is still underreported and underdiagnosed. While a number of in-depth instruments have been developed to assess the symptoms and the psychosocial impact of UI, their use has been limited to diagnosed patients in incontinence specialty clinics [1,2,3]. One shortened questionnaire was developed from a longer version on data from 162 women [4]. No available screening instrument has combined the elements of a simple screening and preliminary assessment of UI with clinical verification and statistical validation on a large number of patients of varying sociodemographic background. We previously developed and piloted an 8 item UI questionnaire on 128 mainly male outpatients without prior known UI [6]. The objectives of this study is to further validate our newly revised instrument for assessing micturition and urinary incontinence and to determine the instrument's value in predicting the need for medical intervention, as well as, to determine the applicability of the instrument across varying demographic lines.

METHODS: The Micturition/Incontinence Symptom Severity Score (**MISS**-Score) screen (consisting of 14 items with 6 response categories and including 2 quality of life questions), demographic questionnaires, and other surveys were administered to a sample of 36 outpatients, who were at high risk of having UI. Mental status evaluation and confirmatory symptom scales and/or clinical validation by focused urological examination were given to a subset of the sample. Participants were resurveyed 2-5 weeks later by mail.

RESULTS: 26 male (72.2%) and 10 female (27.8%) mentally competent patients participated. 36% of the sample was black. Scale scores ranged from 0 to 56 with a mean of 14 +/- SD 15.0. 8.3% scored 0; 30.6% scored 4 or less. 63.8% returned a follow-up questionnaire. Test-retest total scale score correlated well (0.73). While correlation of specific items on the **MISS** score varied, the questions on pad use (0.82), fluid restriction (0.51), limitation of physical activities (0.62), dependent continence (0.84) and quality of life issues (0.82) being the strongest. Additional details and calculated data pertaining to clinical correlation, cutting scores suggesting need for therapeutic intervention, differentiation of the **MISS** score from the I-PSS and additional demographic data will be further discussed.

CONCLUSIONS: The **MISS** score is a simple screening/assessment tool for UI which shows promise to become an appropriate initial questionnaire that can be used by primary care practitioners and incontinence specialists alike. Further refinement and validation is ongoing, as is the determination of its potential role as a measurement of the efficacy of therapeutic intervention.

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References:

1 - SEAPIQMM Incontinence Classification System. *Neurology and Urodynamics 11:192-193, 1992.*

2 - Health-related quality of life measures for women with urinary incontinence: the Incontinence Impact Questionnaire and the Urogenital Distress Inventory. *Quality of Life Research* 3:291-305, 1994.

3 - Quality of Life of Persons with Urinary Incontinence: Development of a New Measure. *Urology* 47:67-72, 1996.

4 - Short forms to Assess Life Quality and Symptom Distress Inventory. *Neurology and Urodynamics* 14:131-139, 1995.

5 - Unpublished data