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Title (type in
CAPITAL
LETTERS)BEHAVIORAL THERAPY IN FEMALE INCONTINENCE AND
VOIDING DYSFUNCTIONAims of Study:

Female incontinence and voiding dysfunction are not uncommon problems. While surgery and pharmacotherapy can help, very little has been reported on the importance of timed and double voiding with perineal relaxation while voiding. Such behavioral therapy can bring about resolution of symptoms enough to avoid surgery and maintain relief on a long term basis.

Methods:

Between March 1990 and March 1995, 247 adult women without associated neurological disorders presented with significant urinary incontinence, recurrent urinary tract infections (RUTI) or voiding dysfunction. All underwent urodynamic studies and were evaluated by a single urologist. All patients were treated with either surgery, behavioral therapy or pharmacotherapy or combination of these therapies. Mean follow up time is 48 months. Of 247 patients, 171 were incontinent, 80 had pure stress incontinence (SI), 81 has SI and urge incontinence (UI) and 10 had pure UI. Remaining 78 had RUTI or voiding dysfunction. 57 of 247 patients were treated with surgery.

Results:

Of remaining 190 patients, 114 had incontinence and 76 had RUTI. Of these 165 (87%) reported moderate to complete satisfaction after 3 to 6 months of behavioral therapy and temporary pharmacotherapy. 43 (70%) of 66 who responded to recent follow up (call or questionnaire) still reported same degree of satisfaction. Of other 76 patients without incontinence, 62(82%) improved with above treatment and 20 (83%) of 24 (who responded to follow up) still report moderate to complete satisfaction.

Conclusion:

These data demonstrate that after appropriate evaluation over 70% of women with significant incontinence, RUTI or voiding dysfunction can benefit with behavioral therapy and temporary pharmacotherapy. This benefit seems to persist over a long period of time.