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THE CORRELATION BETWEEN IPSS, PAD TESTING, SEAPI INCONTINENCE QUALITY OF LIFE SCORE, Q-TIP TEST AND COUGH-INDUCED LEAK POINT PRESSURE (CILPP) IN THE ASSESSMENT OF FEMALE STRESS INCONTINENCE

Aims of Study: Symptom and quality of life scores, pad testing, Q-tip test and

urodynamic studies are commonly used in the clinical assessment of female

stress incontinence. However, the correlation between these diagnostic tests and their clinical significance remains controversial. The aim of our study was to investigate the correlation between, SEAPI Incontinence Quality of Life Score [1], pad testing, Q-tip test and CILPP in women with stress incontinence. Their correlation with International Prostate Symptom Score (IPSS) was also studied. Another aim has been to assess the subgroup women who present with the complaint of stress incontinence but do not leak during cough-induced stress test in urodynamic studies. The impact of age, number of child deliveries, presence of urge incontinence and a moderate to severe cystocele on different parameters was also investigated. Methods: A total of 100 consecutive women who have attended our outpatient clinic with stress incontinence between the years 1999 and 2000 were analyzed in this study. All patients were assessed by physical examination, urine analysis and culture, renal and bladder ultrasonography, IPSS, SEAPI Incontinence Quality of Life score, a 24-hour home pad testing, Q-tip test and urodynamic studies. Urodynamic studies included a filling cystometrogram with assessment of CILPP as described in the literature [2] The correlation between different parameters was studied by linear regression analysis. Patients who had a CILPP and patients who did not leak during CILPP measurement were compared by Student-t test in terms of age, child deliveries, SEAPI Incontinence Quality of Life score, Q-tip test and pad testing.

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Likewise, the impact of urge incontinence on SEAPI Incontinence Quality of Life score was assessed by Student-t test.

Results: The mean age of the study group was 53.6 with a range of 24 - 79 years. Different degrees of urge incontinence accompanied stress incontinence in 79 women. However, no patient was found to have detrusor instability in urodynamic studies. Thirty-one patients (31%) did not leak by coughing during urodynamic studies whereas the rest of patients revealed a CILPP. The mean CILPP in 69 patients was 66 cm H20 (range: 20 - 137 cm H2O). No significant correlation was found between age, number of child deliveries, IPSS, SEAPI Incontinence Quality of Life score, Q-tip test and number of wet pads/24 hours compared with CILPP (linear regression, all r^2 values <0.1). Likewise, no single parameter mentioned in this study was found to be significantly correlated with SEAPI Incontinence Quality of Life score (linear regression, all r^2 values <0.1). Similarly, the presence of urge incontinence or a Grade \geq cystocele did not significantly affect the SEAPI Incontinence Quality of Life score, Q-tip test and CILPP results (Student-t test, all p values > 0.05).

No difference was found between patients who did not leak during CILPP measurement and patients who did in terms of age, number of child deliveries, Q-tip test, IPSS and Quality of Life scores (Student-t test, p values >0.05). However, patients who had a CILPP had a significantly greater number of wet pads compared with patients who did not leak during urodynamics (a mean of 3.1 versus 1.3 pads/24 hours, respectively, Student-t test, p=0.0006). Conclusion: SEAPI Incontinence Quality of Life score, presence of a moderate to severe cystocele, age, number of child deliveries and Q-tip test are poor predictors of CILPP in urodynamic studies. Similarly, no significant correlation was found between SEAPI Incontinence Quality of Life score and other parameters assessed in this study. Our results have shown that about a third of women with stress incontinence may not leak during CILPP measurement in urodynamic studies. However, this subgroup of patients seems to have a lower number of wet pads in pad testing.

References:

- 1. SEAPI QMM Incontinence classification system. Neurourol Urodyn, 11:187-199, 1992.
- 2. Validation of cough-induced leak point pressure measurement in the evaluation of pharmacological treatment of stress incontinence. Neurourol Urodyn, 18:591-602, 1999.

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