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Title (type in CAPITAL LETTERS, leave one blank line before the text) RANDOMISED STUDY OF AMBULATORY URODYNAMICS VERSUS SYMPTOMATIC TREATMENT OF SYMPTOMATIC WOMEN WITHOUT A URODYNAMIC DIAGNOSIS
<p>Introduction: The benefit of ambulatory urodynamics in the assessment of symptomatic women who have not had a laboratory urodynamic diagnosis has not been assessed. When a woman who has urinary symptoms is not found to have a laboratory urodynamic diagnosis the main option for treatment is based on symptoms.</p> <p>The aim of this study is to assess the long-term benefits of symptomatic treatment against ambulatory urodynamics in a randomised study</p>
<p>Method: Women were recruited from the urodynamic clinic when they did not have a urodynamic diagnosis despite of having urinary symptoms. The women were randomised to have either; treatment based on their symptoms or a 4 hour ambulatory urodynamic test with a standard protocol involving a set fluid intake and provocative manoeuvres with a full bladder. The ambulatory urodynamic diagnosis was then used to decide on treatment. From the women's hospital notes, initial management was recorded such as whether the women had undergone operative procedures or started on medication. A postal follow up of their present urinary symptoms and treatment received was arranged 3 years after their initial presentation and investigation. If women did not reply they were sent a repeat letter, telephoned and contact attempted through their family doctor. Statistical analysis involved the use of the independent t-test, Chi square test and Fisher exact test (SPSS inc, Chicago).</p>
<p>Results: One hundred and five women were studied. There was no significant difference for age between the two original groups (symptomatic treatment group (STG), 56 yrs,sd 17: ambulatory based treatment group (ABTG), 50 yrs,sd 16). The hospital records of eighty women were retrieved to determine the treatments received. Significantly more women underwent procedures or received medication after ambulatory urodynamics than those with symptomatic treatment (Table 1).</p> <p>After three years only sixty four women (61%) were contactable and returned their postal questionnaire. There were 22 women in STG and 42 women in ABTG. Four women had died during follow up and they were all in the symptomatic treatment group (p=0.01, Fisher exact test).</p> <p>There were no significant differences between either group for their overall urinary severity score, however women who had undergone ambulatory urodynamics stated they had significantly more help from treatment and less urinary symptoms than the women who had had symptomatic treatment (Table 2).</p>

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	Symptomatic treatment	Ambulatory treatment	Chi Square
No Procedure	32	26	P<0.05
Procedure underwent	6	16	
No medication	24	12	P<0.05
Medication	14	30	

Table 1 Procedures undergone and medication given to treatment groups (from notes)

Category	Symptomatic treatment group	Ambulatory group	t-test
Help	0.2 (0.6)	2.45 (1.6)	P <0.005
Urinary frequency	1.6 (1.6)	1.4 (1.1)	NS
Nocturia	1.3 (1.6)	1.4 (1.1)	NS
Urgency	1.2 (1.6)	0.8 (0.9)	NS
Urge incontinence	1.4 (1.6)	1.0 (1.1)	NS
Stress incontinence	1.2 (1.7)	0.7 (0.9)	NS
Nocturnal enuresis	0.9 (1.5)	0.2 (0.7)	P<0.02
Intercourse incontinence	0.6 (1.4)	0.1 (0.3)	P<0.05
Pain passing urine	0.8 (1.4)	0.3 (0.5)	P<0.05

Table 2. Urinary symptoms of the two groups after three years (from questionnaires)

Conclusion: Ambulatory urodynamics leads to more women undergoing procedures and starting medication than women having symptomatic treatment.

Long term follow-up of women who did not have a laboratory urodynamic diagnosis and then are randomised to ambulatory or symptomatic treatment have significantly more benefit from treatment after ambulatory urodynamics and have significantly less urinary symptoms than those treated with symptomatic treatment.