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Title (type in CAPITAL LETTERS, leave one blank line before the text)	
NON-URODYNAMIC DIAGNOSTIC MODEL IN GERIATRIC INCONTINENCE	
<u>AIMS OF STUDY.</u>	
<p>It is estimated that there are more than 250,000 geriatric incontinent patients in Korea with increasing trends every year. Because the evaluation for geriatric incontinent patients depends on urodynamic study which requires high cost equipment and highly trained skill, most geriatric incontinent patients are abandonized In United States, non-urodynamic diagnostic model for geriatric incontinent patients has been developed and applied by Agency for Health Care Policy and Research(AHCPR) at least cost since 1992[1]. According to AHCPR model, for male patients, post voiding residual urine(PVR) and maximal urine flow rate(UFR) were measured. Males with PVR>400cc regardless of UFR were diagnosed as underactive detrusor, with PVR?400cc and UFR?15cc/sec as overactive detrusor with obstruction, with PVR?400cc and UFR>15cc/sec as overactive detrusor For female patients, PVR was measured and stress test was performed Females with positive stress test were diagnosed as stress urinary incontinence, with negative stress test and PVR<100cc as overactive detrusor, with negative stress test and 100cc?PVR?400cc as bladder outlet obstruction, with negative stress test and PVR>400cc as underactive detrusor. But, in female patients, detrusor overactivity with impaired contractility(DHIC) with PVR?100cc was misdiagnosed as bladder outlet obstruction or underactive detrusor instead of overactive detrusor by AHCPR model, its accuracy has been reported less than 70% and there are no report concerning the diagnostic accuracy of AHCPR model in male patients In author's study, because there are few bladder outlet obstruction and many DHIC with PVR?100cc who should be diagnosed as overactive detrusor in female patients, The female patients with negative stress test and PVR?200cc were diagnosed as detrusor overactivity, with negative stress test and PVR>200 as underactive detrusor and the male patients were diagnosed according to AHCPR model and their diagnostic accuracies were studied.</p>	
<u>METHODS.</u>	
<p>Subjects were 42 males and 65 females geriatric incontinent patients who visited our hospital from Jan 1996 to Jun 1999. They were diagnosed using non-urodynamic diagnostic model by measuring PVR and UFR in males, PVR and performing stress test in females. All patients were performed multichannel urodynamic study and the diagnostic accuracy were compared between AHCPR model and our modified model.</p>	
<u>RESULTS:</u>	
<p>The accuracies of author's modified non-urodynamic diagnostic model in male and in female patients were 76% and 82% respectively and the accuracy of AHCPR model in female patients was 67%. The diagnostic sensitivities of the author's model for female patients with DHIC and underactive bladder were 71% and 90% respectively, excessively higher than those of AHCPR model.</p>	
<u>CONCLUSIONS:</u>	
<p>author's modified non-urodynamic diagnostic model is considered useful in the evaluation of geriatric incontinent patients by untrained persons with low cost.</p>	
<u>REFERENCES.</u>	
<p>1. AHCPR Pub.No. 92-0028, 1992</p>	