

Author(s) DJ Rosario, CR Chapple, SC Radley

Institution, city, country: Urology Research Department, Royal Hallamshire Hospital, Sheffield, UK

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URINARY LEAKAGE DURING COITUS IS A SIGN OF INSTABILITY IN WOMEN WITH URINARY URGENCY

Aims of study

Coital urinary incontinence (CUI) has been reported as associated with genuine stress incontinence (GSI) on urodynamic testing and less commonly with DI. Past studies have relied on static urodynamics, which lack sensitivity in the detection of DI. This study examined the prevalence of CUI in women with urinary urgency using videocystometrography (VCMG) and ambulatory monitoring (AUM).

Methods

99 women recruited to a prospective study of urodynamics for assessment of urinary urgency completed the Bristol Female Symptoms Questionnaire. VCMG was performed and interpreted according to ICS criteria, with the person reporting the investigation present throughout. AUM was performed using the MMS-UPS2020[®] according to a standardised protocol. DI was diagnosed in the presence of involuntary detrusor activity associated with urgency and /or urge incontinence.

Results

58 women (mean age 48 ± 2.5 , 95%CI) reported being sexually active. 27 of these (47%) reported CUI. The table summarises the detection of GSI and DI by VCMG and AUM. Clinically significant DI was present in 24 (89%) women with CUI and in 19 (61%) without CUI ($p = 0.01$, χ^2). GSI was present in 14 (52%) of women with CUI and 7 (24%) without CUI ($p = 0.01$, χ^2). 25 of the 27 (93%) with CUI reported the symptom to be a significant problem.

GSI	n	GSI on VCMG	%	GSI on AUM	%	GSI on either	%
CUI present	27	11	41	7	26	14	52
CUI absent	31	6	19	5	16	7	23

DI +	n	DI on VCMG	%	DI on AUM	%	DI on either	%
CUI present	27	11	41	22	81	24	89
CUI absent	31	7	23	19	61	19	19

Conclusions

CUI was a common distressing symptom in this population and was rarely volunteered as a presenting feature. In a sexually active woman with incontinence, the presence of this symptom should be actively sought as its presence correlates highly with the presence of DI (89%). AUM and VCMG appear complementary in objective assessment of lower tract function in women with urinary urgency.