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WHAT WOMEN WANT- THEIR INTERPRETATION OF THE CONCEPT OF CURE.

Aims of Study

Cure is defined grammatically as a 'restoration to health or good condition' **(1)** although clinically may be defined in a number of different ways. Subjective cure is dependent upon the reporting of clinical symptoms alone whilst objective cure is used to describe the outcome of repeat testing. In general the latter is regarded to be more robust.
Whilst objective and subjective cure rates are essential in evaluating research there is little published data examining what patients regard as a solution to their lower urinary tract symptoms and therefore consider to be a 'cure'. The primary aim of this study was to determine what women perceive as 'cure' and to assess acceptability with regard to treatment. The secondary aim was to any relationship between symptom severity and expectations.

Methods

Women were recruited prospectively from a urodynamic clinic in a tertiary referral urogynaecology unit. All complained of troublesome lower urinary tract symptoms and had been referred for further investigation and management. Prior to urodynamic studies assessment of lower urinary tract symptoms was performed using the King's Health Questionnaire **(2)** whilst objective assessment of expectations regarding 'cure' was performed using a specially designed questionnaire based on structured qualitative clinical interviews. This questionnaire included questions relating to what symptoms patients would find acceptable following treatment, what treatments they would find acceptable, and what their overall expectations were. Results were collected and analysed using SPSS (Version 10). Correlation was performed using Kendall's tau b method **(3)**.

Results

In total 100 consecutive fit, healthy, women were recruited over a two-month period. The mean age was 47.5 years (range: 20-73 years) and mean duration of symptoms 6.0 yrs (range: 6mths - 40 yrs). The urodynamic diagnosis was reported as urodynamic stress incontinence (24%), detrusor overactivity (20%), mixed (15%), voiding difficulties (4%) and sensory urgency (3%). The urodynamic study was reported as normal in 17% of cases and in a further 17% there was no information recorded regarding diagnosis. Analysis of the results concerning overall expectations of treatment are shown below **[Table 1]**, acceptability of symptoms **[Table 2]**, and acceptability of treatments **[Table 3]**. There was no correlation between quality of life score and acceptability of symptoms (r=-0.031; p=0.756) or quality of life scoring and acceptability of treatment (r=0.127; p=0.245). Sub group analysis by urodynamic diagnosis and duration of symptoms did not alter the findings.

TABLE 1: EXPECTATIONS OF TREATMENT

Complete cure of all bladder symptoms	17%
A good improvement so they no longer interfere with your life	43%
Being able to cope better so your life is affected less	13%
Any improvement in your bladder symptoms, no matter how small	10%

TABLE 2: ACCEPTABILITY OF SYMPTOMS

	Yes	Probably	No
Never ever leaking no matter what you do	63%	22%	13%
Occasional small leak on coughing or sneezing	22%	43%	33%
Occasional small leak on strenuous exercise	29%	42%	27%
Occasional large leak on coughing or sneezing	8%	9%	78%
Frequent small leaks on coughing or sneezing	14%	22%	61%
A sudden urge or need to pass water (no leaking)	26%	34%	40%
Occasionally leaking before reaching the toilet	15%	32%	52%
Having to pass water very often during the day	26%	39%	34%
Having to get up once at night to pass water	36%	37%	24%
Having to get up twice or more at night to pass water	15%	21%	63%
Occasionally having to wear panty liners 'just in case'	20%	38%	38%

Occasionally having to wear pads 'just in case'	12%	24%	61%
Having to continue to wear pads most of the time	9%	5%	85%
Leaking during sexual intercourse	7%	9%	79%

TABLE 3: ACCEPTABILITY OF TREATMENTS

	Yes	No
Pelvic floor exercises for 6 months	60%	26%
Pelvic floor exercises for life	41%	44%
Regular drugs for life	14%	69%
Drugs to take as needed	51%	32%
Major operation (85% cure; 2% risk of self catheterising)	23%	57%
Minor operation (85% cure; 2% risk of self catheterising)	38%	43%
Clinic procedure (60% improvement; no long term risk)	57%	24%
Long term catheter	3%	79%
Learning to self catheterise	11%	73%

Conclusions

To our knowledge this is the first study to examine patient's attitudes regarding 'cure'. The findings suggest that the majority of women have realistic expectations regarding outcome and are able to tolerate the inconvenience of minor lower urinary tract symptoms. Whilst most women consider a course of pelvic floor exercises acceptable longterm drug therapy remains unpopular. Equally patients would appear to prefer a minor procedure with a lower risk of complications and are content to accept a lower success rate. It is surprising that there is no correlation between quality of life impairment and concept of cure implying that expectations of treatment are not influenced by symptom severity. These findings are part of an ongoing study and may prove useful when counseling patient regarding outcome.

References

1. Oxford English Dictionary, Oxford Press, London. UK.
2. A new questionnaire to assess the quality of life of urinary incontinent women. 1997. Br J Obstet Gynaecol; 104: 1374-1379.
3. Practical Statistics for Medical Research. Chapman and Hall, London. UK.