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CURE: DO CLINICIANS KNOW BEST?

Aims of Study

The concept of cure is difficult to interpret. Subjective cure is the resolution of clinical symptoms whereas objective cure describes the outcome of repeat evaluation. Whilst symptomatic improvement is clearly the aim of intervention in lower urinary tract dysfunction this provides a qualitative rather than quantative assessment and is more difficult to measure. There is no consensus of opinion regarding which is more important (1). Subjective change and improvement in QoL were rated most highly in a recent survey of patients and clinicians (2) and the patient's concept of cure has previously been reported (3). The aim of this study was to determine what clinicians regard as 'cure' and which outcome measures they used both in research and clinical practice.

Methods

Members of ICS (UK) were identified from the mailing list and each was sent a structured questionnaire with covering letter and reply paid envelope. The questionnaire was divided into six sections regarding acceptability of symptoms following treatment, overall treatment expectations and outcome assessment following treatment in everyday clinical practice and also in a research setting. Respondents were also asked to state their profession and what they felt was the most bothersome urinary tract symptom. All responses received within 12 weeks of the mailing date were included in this analysis which was performed using SPSS (V10).

Results

299 questionnaires were distributed and 156 (52.7%) were returned completed correctly. The occupation of respondents is shown below **[Table 1]**

OCCUPATION	NUMBER (%)
Urogynaecologist	33 (21.3)
Urologist	29 (18.6)
Gynaecologist	21 (13.5)
Obstetrician and Gynaecologist	20 (12.8)
Physiotherapist	21 (13.5)
Continence Nurse	17 (10.9)
Continence Advisor	5 (3.2)
Geriatrician	3 (1.9)
Physician	1 (0.6)
Clinical Scientist	1 (0.6)

Table 1: Occupation of Respondents

Overall 85.9% of responding clinicians felt a good improvement in urinary symptoms so that they no longer interfered with quality of life was a realistic outcome whilst just 3.2% hoped for a complete cure **[Table 2]**. Unsurprisingly only one respondent hoped for "any improvement, no matter how small". Sub-group analysis by profession did not show any differences in expectations regarding outcome or acceptability of symptoms following treatment.

Complete cure of all bladder symptoms	5 (3.2%)
A good improvement so they no longer interfere with your life	134 (85.9%)
Being able to cope better so your life is affected less	16 (10.2%)
Any improvement in your bladder symptoms, no matter how small	1 (0.6%)

Table 2: Overall Expectations Regarding Treatment

In general the majority thought that small or infrequent episodes of leakage were acceptable although frequent or large leaks were not. Irritative urinary symptoms such as urgency and

urge incontinence were felt to be less acceptable as was frequency and nocturia. The majority of clinicians considered having to use pads on an occasional basis was reasonable although constant use of incontinence pads was not. In addition leakage during intercourse was felt to be unacceptable **[Table 3]**. Overall urinary incontinence (12.3%), urge incontinence (10.7%), urgency/frequency (4.6%) and nocturia (2.6%) were considered to be the most bothersome symptoms. Other responses included; bladder pain, embarrassment and fear.

	Yes	Probably	No
Never ever leaking no matter what you do	90%	3%	6%
Occasional small leak on coughing or sneezing	49%	35%	14%
Occasional small leak on strenuous exercise	54%	37%	8%
Occasional large leak on coughing or sneezing	3%	19%	76%
Frequent small leaks on coughing or sneezing	0%	8%	91%
A sudden urge or need to pass water (no leaking)	19%	45%	34%
Occasionally leaking before reaching the toilet	7%	40%	51%
Having to pass water very often during the day	3%	19%	76%
Having to get up once at night to pass water	72%	22%	6%
Having to get up twice or more at night to pass water	6%	28%	63%
Occasionally having to wear panty liners 'just in case'	41%	47%	12%
Occasionally having to wear pads 'just in case'	18%	42%	39%
Having to continue to wear pads most of the time	1%	5%	92%
Leaking during sexual intercourse	4%	19%	77%

Table 3: Acceptability of Symptoms following Treatment

In general outcome assessment was more rigorous in research when compared to clinical practice. In the research setting 61% felt both subjective and objective measures should be used as assessment of treatment whilst in clinical practice 42% thought subjective improvement alone, and 36% subjective improvement in QoL, were appropriate. Few clinicians were routinely using pad testing alone and few used objective measures in clinically **[Table 4]**.

	RESEARCH	CLINICAL
Subjective improvement in symptoms	7.7%	42.6%
Subjective improvement in QoL	8.3%	36.1%
Objective cure on urodynamic testing	1.9%	0.6%
Objective cure on pad testing	3.2%	1.3%
Subjective (QoL) and objective (urodynamic) cure	17.9%	4.5%
Subjective (QoL) and objective (pad test) cure	30.1%	11.6%
Subjective (QoL) and objective (urodynamic/ pad test) cure	30.8%	3.2%

Table 4: Assessment of Outcome

Conclusions

There is no common consensus regarding the concept of 'cure' or the methods of assessing outcome following treatment. Our findings show that most clinicians are realistic in their expectations following treatment and pragmatic in their assessments of cure. Equally there would appear to be a consensus of opinion across specialties when considering cure and its definition. Whilst subjective and objective assessments are felt to be appropriate in a research setting subjective outcomes are used more commonly in clinical practice. As part of our on-going research into the concept of cure we hope to compare the expectations of clinicians and patients when evaluating outcome.

Reference

1. Neurourol Urodynam 1998 17: 249.
2. Int Urogynaecol J 2002 13: 96.
3. Neurourol Urodyn 2002 21(4): 429-430.