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ASSESSMENT OF THE ABDOMINAL GLOBAL METHOD (ABDO-MG) IN THE TREATMENT OF STRESS URINARY INCONTINENCE OR MIXED INCONTINENCE WITH STRESS PREDOMINANCE IN WOMEN.

Aims of Study

ABDO-MG is a technique developed by Luc Guillarme. The concept is based on the recovery of abdominal competence. A competent abdomen protects the perineum against harmful pressure, resulting in reflex contraction of the pelvic floor muscles and consequently an improvement in urinary continence. To date, no study has been done to prove the efficacy of this technique. The aim of the study is to evaluate the effectiveness of ABDO-MG technique in the treatment of stress urinary incontinence or mixed incontinence with stress predominance in women.

Methods

Thirty patients with clinically and urodynamically proven genuine stress incontinence or mixed incontinence with stress predominance having abdominal incompetence were enrolled. Patients had 4 weeks of ABDO–MG technique under supervision and a home unit to do their exercises, then 8 weeks of home exercises without home unit or supervision. Patients had to integrate the technique in their daily living. We compared the results for each patient before the treatment, at 4 and 12 weeks post initiation of the technique. Main outcome measures were short Pad test with standardized bladder volume and exercises as well as self-report of degrees of incontinence. Secondary outcome measures were 24-hour Pad tests, 3-day voiding diary, IIQ- long form questionnaire, Visual Analog Scale (VAS) of the degree of discomfort caused by incontinence, compliance and motivation. The statistical tests used were the analysis of variance and Friedman test. The significant level was determined at 0.05 with the power of the study of 94%.

<u>Results</u>

The data showed improvement in leakage on short Pad test from 82,2 g before versus 26.9 g and 19.6 g at 4 and 12 weeks respectively (p = 0.0002). Eighteen of thirty patients were completely dry. All patients reported improvement of their condition after 4 weeks of exercises and almost cure at 12 weeks (p = 0.0001). The 24 hour Pad test was significantly improved from 18.6 g before vs 9.5 g and 7.3 g at 4 and 12 weeks respectively (p = 0.0287). The voiding diary showed a significant reduction of number of episodes of incontinence from 5.1, 3.1 and 1.9 at the screening, 4 and 12 weeks after the treatment respectively (p = 0.0001). The IIQ showed a statistically significant improvement of quality of life in all activities involving some degree of physical exertion and an increase of patient's self-esteem and confidence. The VAS demonstrated a significant decrease of the degree of discomfort related to incontinence from 5.4 to 3.6 and 3.0 at screening, 4 weeks and 12 weeks after the treatment respectively (p = 0.0011). At 12 weeks, all patients still showed a high degree of motivation and did their exercises regularly.

Conclusions

This is the first study demonstrating the clinical efficacy, both objectively and subjectively, of the technique ABDO-MG in the treatment of genuine stress urinary incontinence and mixed incontinence with stress predominance in women. Our data are encouraging, however long term study is warranted.

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