

PAD TESTS AND SELF-REPORTS OF INCONTINENCE: NORMS FOR MALES

Aims of the Study

Normative data on pad weights have been established for women but not for men. In this paper we present findings on a cohort of self-reported continent men who underwent 24-hour pad test as part of a preoperative assessment prior to radical prostatectomy and propose normal baseline pad test weights for males. We compare the results of self-report data with the 24-hour pad test and with the International Prostate Symptom Score (IPSS). The research questions were: What is the pad test weight gain in a group of men awaiting radical prostatectomy who claim complete urinary control? What is the IPSS score of men who describe themselves as symptom free? Is there a correlation between IPSS scores and pad test?

Methods

Subjects awaiting radical prostatectomy for early stage prostate cancer were consecutively recruited between October 1999 and July 2002 from two urology clinics. They were excluded if they had a previous history of urologic surgery, including transurethral prostatic resection for benign hyperplasia, if they admitted to symptoms of stress or urge urinary incontinence, or had a medical or neurologic problem which could affect bladder function such as diabetes.

Results

245 men were enrolled in the study. All were Caucasian, mean age 62.7 years (SD 6.1, range 44-75), mean Gleason score 6.5 (SD 0.93; range 5-15), and mean PSA 8.3 (SD 4.88; range 1.5-31.0). At baseline face-to-face interview, all men described themselves as being problem free or symptom free and continent of urine; 26 refused to do the 24-hour pad test because they were emphatic that they were continent. Thus data are presented on 220 (89%). Mean pad weight gain was 4.0 gm (SD 3.8; range 0-35.0 gm). Mean IPSS score was 7.23 (SD 5.76; range 0-27); 95 subjects scored 8 or more and 13 scored ≥ 20 on the IPSS. There was no significant correlation between the single Quality of Life (QOL) question and the 24 hour pad weight; however, between the summary IPSS score and pad weight the correlation was 0.16 ($p=.02$) and between the QOL question and the summary IPSS score, the correlation was 0.64 ($P <.001$). There was no significant difference in pad weight between those reporting few symptoms, moderate symptoms (>8 on the IPSS) or severe symptoms (>20 on the IPSS). Those exhibiting moderate or severe symptoms were had significantly poorer QOL scores than those reporting minor symptoms ($p<.001$).

Conclusion

Urine loss on 24 hour pad test is an established outcome measure in incontinence research. The study highlights the discrepancies between self-report and objective measures of bladder symptoms. Although all men described themselves as completely dry, the range of weight gain on the 24 hour pad test was wide, from 0-35 gm suggesting that self-report of continence status is an inaccurate measure of urine loss. The findings may not be generalizable to men without prostate cancer, but we suggest that IPSS scores in our group indicate a low level of symptomatology and a potentially representative sample of men in their age group. If our group is representative of men their age, then we may also suggest that the weight gain on the 24-hour pad test provides a reliable indicator of pad weight gain for healthy men. Having an established normal allows researchers to calculate effect size for power analysis.