

## EVALUATION OF TREATMENT OF FEMALE URINARY INCONTINENCE WITH THE ICIQ-SF QUESTIONNAIRE

### Hypothesis / aims of study

The objective of present study was to evaluate the sensitivity to change of the Spanish version (1) of the ICIQ-Short Form questionnaire, in order to recommend its use in clinical practice to evaluate treatment outcome for Urinary Incontinence (UI).

### Study design, materials and methods

A prospective study of 115 women with diagnostic of Stress UI (SUI) who received treatment for their incontinence (Pelvic floor training or surgery). All the patients had a clinical and urodynamic diagnosis at the moment of inclusion in the study, along with the ICIQ-SF score. After 6 months, the treatment outcome was clinically evaluated in all of them and the ICIQ-SF was newly applied.

Mean pre-treatment and post-treatment ICIQ-SF scores were compared for the whole sample and for the treatment groups, pelvic floor training or surgery. Mean ICIQ-SF scores were also compared between patients with an outcome result of "cured" and the rest of patients ("improved" or "no change"). Cure of stress urinary incontinence was defined as: resolution of symptoms and negative cough stress test in the pelvic floor training group and resolution of symptoms and normal urodynamic study in the surgery group. Reliability was assessed with the Cronbach's alpha before and after treatment. Percentage of agreement and Cohen's Kappa were calculated for the ICIQ-SF with respect to clinical outcome.

### Results

Of the total 115 women, 53 (46,1%) were treated with Pelvic floor training and 62 (53.9%) with surgery. According to the post-treatment clinical evaluation, from all the patients treated with Pelvic floor training 26 (54.2%) were cured and 20 (41,7%) showed improvement. According to the post-surgery urodynamic test, 35 (62,5%) were cured. According to the ICIQ-SF total score equal to zero, 14 women (26.9%) were cured for the RMSP group and 36 (58.1%) for the surgery group. Post-treatment scores were lower than pre-treatment scores in all cases (Table 1). Post-treatment scores for cured patients were lower than that of not cured women in all the cases ( $p < 0.05$ ). The agreement between "cured" classification according to ICIQ-SF score and according to studied outcome variables was "moderate".

**Table 1. Comparison of the mean scores of the ICIQ-SF before and after treatment, according to different treatment groups. (Student t test for paired samples)**

		ICIQ-SF	Pre-treatment Mean (S.D)	Post-treatment Mean (S.D)	p
PELVIC FLOOR TRAINING (N= 53)	Total score		12.3 (4.3)	4.1 (3.6)	0.000
	Frequency		2.9 (1.4)	1 (1.3)	0.000
	Amount		3.1 (1.5)	1.1 (1.1)	0.000
	Impact		6.4 (2.6)	2 (1.9)	0.000
	Total score		11.1 (6.3)	2.1 (4)	0.000
SURGERY (N=62)	Frequency		2.9 (1.6)	0.5 (1)	0.000
	Amount		2.9 (1.7)	0.7 (1.3)	0.000
	Impact		5.4 (3.6)	0.9 (2)	0.000
	Total score				

### Interpretation of results

The ICIQ-SF score clearly decreased following treatment of SUI (Pelvic floor training or surgery). It can also be observed that the decrease observed in the total score was based on the decrease of all the three items of the questionnaire: frequency, amount and impact. The same was observed in the comparison of scores after treatment between cured and non cured patients: in all the cases scores were lower for the cured patients. This two facts along with the high reliability of the questionnaire (before and after treatment) confirmed that the ICIQ-SF is a good quality questionnaire in evaluating change after treatment in groups of patients.

**Concluding message**

The Spanish version of the ICIQ-SF questionnaire can adequately evaluate the change after treatment in groups of patients with SUI.

**References**

1. Validación de la versión española del ICIQ-SF. Un cuestionario para evaluar la incontinencia urinaria. Med Clin (Barc) 2004. (In press).

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