

## COMPLIANCE WITH PAD TESTS: 24 HOUR PAD TEST COMPARED TO THE 1 HOUR PAD TEST

### Hypothesis / aims of study

Pad tests are a useful way of quantifying urinary leakage, either for clinical practice or as an outcome measure for research studies. The ICS recommend a pad test to be included in all studies, but the latest terminology report withdrew any recommendation for any particular test. Debate continues about the best pad test. Short tests are easy to do, have poor reproducibility, and do not represent the "real life" situation<sup>1</sup>. Long tests of 24 hours or more are the only tests with sufficient reproducibility to give meaningful results<sup>2</sup>. Data are now emerging which suggest that the 24 hour test provides a meaningful measure of severity, which correlates with diary data and pad use, such that it may be a useful screen for successful conservative treatment.

We recently introduced the 24 hour test into our routine service, in place of the 1 hour test. We have audited the performance of the two tests in terms of provision of meaningful data.

### Study design, materials and methods

Case notes of patients attending the nurse-led service were reviewed and the details of pad test were recorded. Valid tests were defined as those where all materials were returned and a valid result was entered in the casenotes. Where tests were not complete, the notes in the entry were coded by the authors into one of five classifications to facilitate the analysis of incomplete tests. These were: patient not wearing pads for the duration of the test; use of pads other than those supplied; failure to return all pads or packing; unable to read instructions; patient denied receiving pads. The type of pad test performed, completion, and reasons for failure to complete were noted. Comparisons were done by Chi square or Mann Whitney U test.

### Results

188 records were examined. 117 patients (62%) did the 1 hour test and 71 (38%) the 24 hour test. 96 (82%) of 1 hour tests and 41 (58%) of 24 hour tests were valid ( $p < 0.001$ ). Common reasons for non-completion included not wearing the pad(s) (53%); missing pads returned (12%); failure to follow instructions (10%); denied ever receiving pads (10%); and returning different pads to those provided (8%). There were no differences in reasons for an invalid test between the two tests. Neither age nor ethnic origin were related to completion of the test.

### Interpretation of results

Our data represent a pragmatic assessment of how pad tests function in a busy clinic unit. The introduction of the 24 hour test was associated with a significant decrease in obtaining valid data. The reasons for this are unclear, but may include poor information, reluctance to perform a long test, or language difficulties. Although detailed written information was included, it seems that the 24 hour test requires more instruction to patients to be completed correctly.

### Concluding message

The 24 hour test requires more instruction to patients to ensure collection of meaningful data.

### References

1. Simon AM, Yoong WC, Buckland S, Moore KH. Inadequate repeatability of the one-hour pad tests: the need for a new incontinence outcome measure. *BJOG* 2001;108:315-9.
2. Siltberg H, Victor A, Larsson G. Pad weighing tests: the best way to quantify urine loss in patients with incontinence. *Acta Obstet Gynecol Scand* 1997;76 Suppl116: 28-32.