

## WOMEN'S CHANGING REPORTS OF URINARY CONTINENCE: HOW ACCURATE ARE ONE-TIME TELEPHONE QUESTIONNAIRES FOR CATEGORIZING CONTINENCE STATUS?

### Hypothesis / aims of study

This report seeks to answer the following questions: Do women give the same answer concerning continence status to trained interviewers during telephone interviews as they do to a physician during a subsequent face-to-face interview at the beginning of a clinic visit? Among those that changed their answer, what were the reasons for this change?

### Study design, materials and methods

As part of a cross-sectional, epidemiologic study of racial differences in the prevalence of urinary incontinence in women ages 35-64 years, households were randomly selected using telephone records from geographic areas of known racial composition. There were 2,814 women who completed a 20-minute, 137-item telephone interview, 2,486 respondents consented to further contact and of these women 394 were recruited for a clinic visit. At the beginning of the clinic visit, a physician conducted an interview. The criterion for incontinence for both the telephone interview and the physician interview was constant: twelve or more episodes of incontinence per year. Women whose reports of continence status differed between telephone and physician interviews were designated as "switchers". Switchers were later contacted by follow-up phone call and asked why they changed their report of continence status between the telephone interview and subsequent clinic visit. These interviews began with an open-ended, *non-leading* question asking why they switched their report followed by six *leading* questions. Each response was transcribed verbatim. Statements to the non-leading question were termed *initial responses*. Initial responses, together with answers to the *leading* questions were termed *all responses*. Content analysis was conducted using line-by-line coding. Each interview was independently coded by both interviewers and one non-interviewer and discussed instances where codes differed until consensus was established.

### Results

Of the 394 women who completed the telephone interview and clinic exam, 24.9% (n=98) were switchers. Switchers in this sample were four times more likely to change from continent to incontinent (79/98, 80.6%) than from incontinent to continent (19/98, 19.4%; p=.000). At clinic exam, switchers reported fewer incontinence episodes per year (median=48) than non-switchers (median=360; p=.000). This frequency of incontinence was substantially higher than the 12 times per year cut-off. Continent to incontinent switchers in this sample were twice as likely to report leaking 1-11 times per year on telephone interview (57/79, 72.2%) than never leaking (22/79, 27.8%; p=.000). Of the 98 switchers, 74 (76%) were reached by follow-up phone call and asked about their "switching" of continence status during the primary study.

Initial Responses: The *initial* reasons women switched their continence report are listed in the table in order of decreasing frequency. Examples of each categories include: Things changed that led to different leakage (e.g. more coughing/sneezing due to cold or allergies, change in activity, etc.), they initially guessed on the phone interview (e.g. pressure to answer quickly on the phone, leakage too inconsistent to pinpoint, didn't think much about it and just guessed), or they couldn't recall why a difference was reported.

All Responses: An analysis of *all* responses including *all non-leading* (initial responses) and *leading* responses together, shows 56.8% reported things changed that led to different leakage, 54.1% reported increased awareness with the phone interview, 50%

Initial Response Category	% All Interviews (N)
Things Changed	50.0% (37)
Guessing	21.6% (16)
Can't Recall	14.7% (10)
Definitions	13.5% (11)
Incorrect	10.8% (8)
Voiding Diary	4.1% (3)
Phone Interview	2.7% (2)
Phone v. Face	0.0% (0)
Interviewer v. MD	0.0% (0)

increased awareness with the voiding diary, 23% reported phone v. face-to-face made a difference, and 13.5% reported that interviewer v. doctor made a difference.

#### Interpretation of results

The finding that one-fourth of women completing both a phone interview and clinic exam switched their report of continence warrants further exploration into the reliability of one-time telephone questionnaires for assessing incontinence. Many of those who switched experienced urine leakage, but experienced it inconsistently and less frequently. This may reflect real variation in continence from one time to another. The inconsistency, for many women, was influenced by changes in activity, health, and season and may have also led to guessing and estimates of leakage based on more current experiences. Further analysis is necessary to determine the comparability of this clinic sample to interview respondents who did not complete the clinic evaluation.

#### Concluding message

Based on the “switcher” phenomenon, one-time subjective questionnaires assessing incontinence symptoms may underestimate incontinence prevalence and may not accurately capture many women’s actual experiences with incontinence. Follow-up assessments may be necessary to account for initial guessing, heightened awareness, and actual changes affecting leakage.

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