

## URODYNAMICS AND PATIENT PREFERENCE

### Hypothesis / aims of study

Although urodynamic tests are widely used, their place in the investigation and management of incontinence is controversial. There is currently no consensus about whether or not urodynamic investigations need to be performed to guide management. The need for preoperative urodynamics is often justified by the consideration that pre-existing detrusor overactivity may be either a contraindication for surgery or at least carries a worse prognosis. There is a move towards patient partnership and improving outcomes by involving patients in decision-making, we assume that satisfaction with care received may be improved by involving patients in decision regarding their care.

- 1) To investigate patients' preference for urodynamic testing prior to formulation and initiation of treatment plan.
- 2) To establish whether or not the severity of their symptoms as measured by the King's QOL Questionnaire is correlated with this preference.
- 3) Evaluate patient compliance with treatment based on preference

### Study design, materials and methods

All patients referred from primary care were given a choice whether they had a preference for one of the following:

- 1) To undergo urodynamic investigation followed by formulation and implementation of a treatment plan based on results of the urodynamic test.
- 2) To formulate and implement a treatment plan based on thorough clinical history (symptoms).
- 3) Those patients who did not express a preference for 1) or 2) above were invited to be randomised to either group.

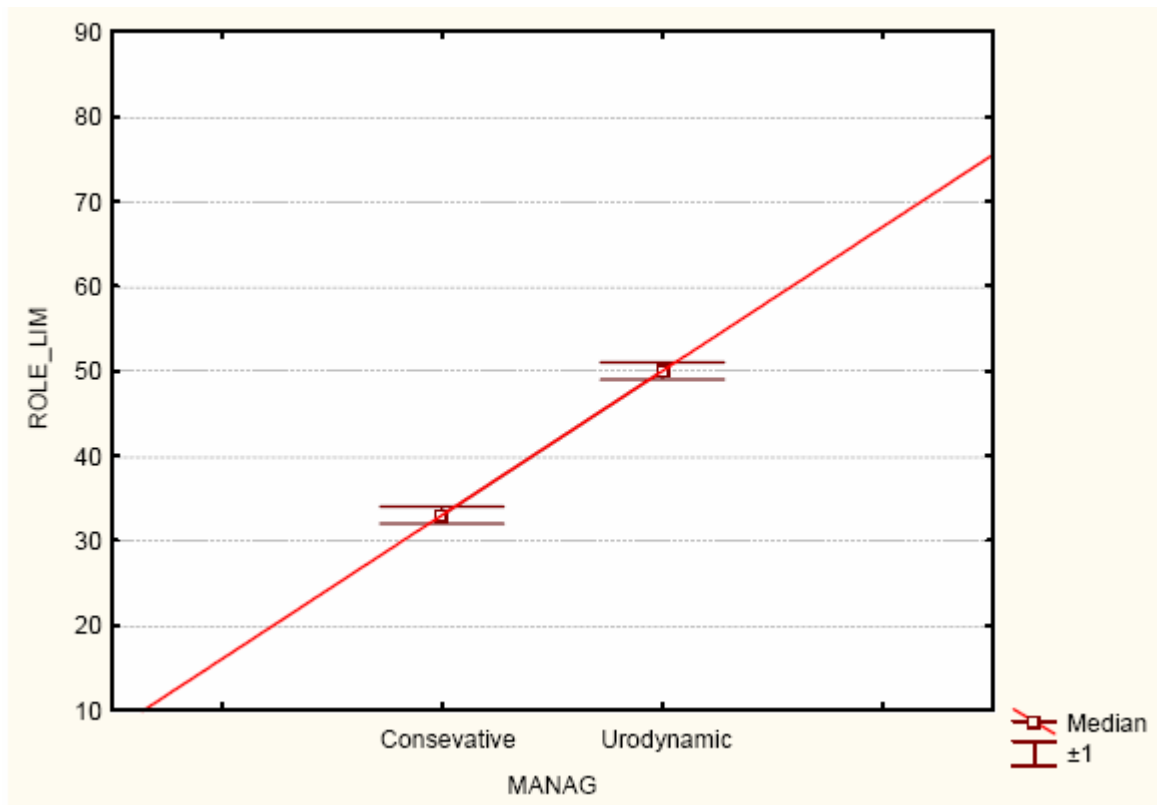
All patients were fully aware that this was in the context of a research study with Ethics approval and all completed a King's QOL questionnaire on their recruitment visit.

Patients were recruited with the help of an information leaflet which was sent out along with their outpatient appointment and were asked to consult their own doctor. This was done to allow them time to decide as well as to minimise bias.

### Results

152 patients were recruited into the study, 98 preferred to have the urodynamic test first, 32 preferred to have treatment without the test and 22 were randomised as they did express any preference for either.

<b>N= 152</b>	<b>Preference</b>	<b>Did not attend subsequent Physiotherapy/NLCC appointment</b>
<b>Treatment After test</b>	<b>64%(98)</b>	<b>18%(7)</b>
<b>Treatment Without test(includes Physiotherapy, bladder retraining, Pharmacotherapy)</b>	<b>21%(32)</b>	<b>79%(30)</b>
<b>Randomised</b>	<b>15%(22)</b>	<b>3%(1)(Randomised to conservative)</b>



#### Interpretation of results

The majority of patients expressed a preference for urodynamics. Only one domain of the King's QOL questionnaire (Role limitation) was significantly correlated with patient preference. Despite patients' choice not to have urodynamics, their lack of compliance suggests that perhaps they did not understand their treatment plan or disagreed with it. There may be a need for increased patient education.

#### Concluding message

This study shows a clear preference for urodynamics test in our study population. There may be many factors influencing people's choices. This study demonstrates a variation in choices from one individual to another. Role limitation appeared to be the only domain in the King's Health Questionnaire with significant association with patient choice. We therefore conclude that treatment plans must be individualised, and that patient's preference may be as important as any other factor in achieving patient satisfaction. The high number of non-attendees in the treatment group without urodynamics may suggest that despite the symptoms prompting the women to seek help, there is a subgroup who are poorly motivated to comply with treatment and these are the women who prefer non invasive investigation. This is also manifested by the low rate of non-attendees among the women randomised.