

The relationship between predominant symptom in mixed urinary incontinence and video-urodynamic findings in women – are the proposed updated NICE 2018 guidelines reasonable?

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Hypothesis / aims of study

- NICE guidelines suggest that urodynamic assessment is NOT required in women with stress predominant mixed urinary incontinence (MUI) prior to surgical intervention.
- This is based predominantly on expert opinion, as data on this topic is sparse. We have assessed the predictive power of the predominant symptom of MUI to determine the underlying urodynamic abnormalities to further clarify this issue.
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Study design, materials and methods

- Prospective over a 10-month period from (June 2018 to March 2019)
- Included: 67 women with MUI who attended for video-urodynamic studies (VUDS). They were asked a predefined set of questions aimed at assessing the predominant symptomatic component of their incontinence.
- Immediately following the questionnaire, VUDS were performed in accordance with ICS guidance.
- Statistical analysis was by Chi Squared analysis

Predominant component	Urge Predominant	Stress Predominant	Equally Bothersome
Number of women	41	18	8
Urodynamically proven SUI	19 (46%)	15 (83%)	7 (88%)
Urge urinary incontinence on VCMG	17 (41%)	3 (17%)	2 (25%)
Detrusor overactivity on VCMG	22 (54%)	6 (33%)	2 (25%)
No incontinence demonstrated on VCMG	13 (32%)	2 (11%)	1 (13%)

p = 0.005

Results

- Most bothersome component of mixed urinary incontinence:
 - 41/67(61%) – urge component
 - 18/67(27%) - stress component
 - 8/67(12%) felt both components were equally bothersome.
- Combined stress and overactivity leakage was demonstrated in only 12/67 (18%).
- Of the 15 women that had stress predominant UI and urodynamically proven SUI, the severity of leakage was: Mild 7/15 , Moderate 6/15, Severe 2/15

Interpretation of Results

- Symptomatic SUI is predictive of USUI in women with MUI in 83%. Symptomatic UUI is predictive of DO in 54%.

Conclusion

- Preliminary results indicate that patient perception is insufficient to guide invasive treatments and urodynamics are required to delineate the physio-pathological mechanisms of incontinence and accurately guide treatment.