DO PATIENTS KNOW WHAT WE ARE TALKING ABOUT?

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INTRODUCTION

Urinary incontinence is defined as any involuntary leakage of urine. Complete physician interview and detailed questionnaire has been used as gold standard for determination of adequate incontinence diagnosis. Current literature includes number of different validated questionnaires that patients use to identify their urinary incontinence conditions. Incontinence Questionnaire-Short Form (ICIQ-SF) has been developed as comprehensive tool to evaluate male and female urinary incontinence in 2002 and this tool is currently use in our clinical center. Self-administer questionnaire like this one are often used to obtain patient based information. In this review article we will examine patient determine diagnosis based on ICIQ question number six and physician verified diagnosis.

6 When does urine leak? *(Please tick all that apply to you)*

- never – urine does not leak ☐
- leaks before you can get to the toilet ☐
- leaks when you cough or sneeze ☐
- leaks when you are asleep ☐
- leaks when you are physically active/exercising ☐
- leaks when you have finished urinating and are dressed ☐
- leaks for no obvious reason ☐
- leaks all the time ☐

Table 1. ICIQ-SF question #6

OBJECTIVE

To compare patient self-reported urinary incontinence diagnosis based on ICIQ SF question number six to physician validated urinary incontinence diagnosis.

METHODS

This is a retrospective cross-sectional review of patients who presented to one provider in the Division of Urogynecology with complaints of urinary incontinence between January, 2014 and August, 2016. 432 patients were included in this review. During their initial visit patients fill the International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF) and propose urinary incontinence diagnosis based on question number six. Answers provided by ICIQ questionnaire are then validated by physician evaluating the patient. Final diagnosis used for this evaluation is diagnosis derived from coded diagnosis and chart review. Diagnosis reviewed are stress urinary incontinence (SUI), urinary urgency incontinence (UUI), insensible urine loss, nocturnal enuresis and post-micturition dribbling.

RESULTS

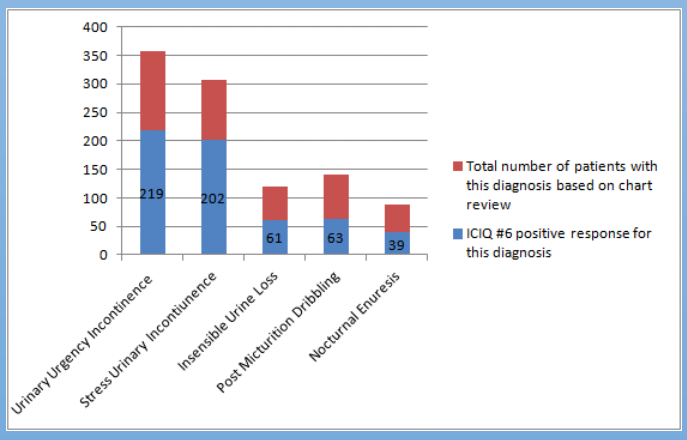
The presented patient population had mean age of 61, BMI 29 kg/m^2 and parity of 2.

432 patients have been included in this evaluation. The most common urinary incontinence complaint was UUI, followed by SUI, post-micturition dribbling, and nocturnal enuresis.

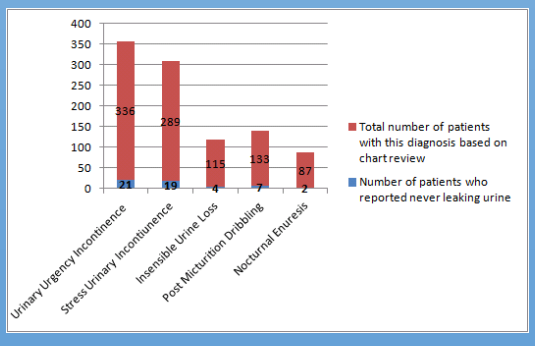
357 patients have been diagnosed with urinary urgency incontinence, out of which only 61% self-identified having this condition based on ICIQ question number six.
308 patients have been diagnosed with stress urinary incontinence and 66% of those patients self-identified as having stress urinary diagnosis.

51% of patients self-identified as having insensible urine loss, 45% have self-identified as having post micturition dribbling and only 44 % of those with nocturnal enuresis have self-identified as having this diagnosis.
37 patients reported never leaking urine, even thou on further questioning they were identified having one of the six above mentioned diagnosis.

RESULTS



Graph 1. Patient diagnosis based on ICI Q #6 Question and physician validated diagnosis



Graph 2. Patients with urinary incontinence who reported never to leak urine

CONCLUSION

- There is discrepancy between patient reported urinary incontinence diagnosis and physician validated diagnosis.
- Even thou there is significant clinical value of validated patient questionnaires, physician validation of those questionnaires needs to be performed in order to better understand clinical diagnosis of presented patients.

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CONTACT INFORMATION

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