



Commentary on “Association of baseline severity of lower urinary tract symptoms with the success conservative therapy for urinary incontinence in women”

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Received: 12 October 2018 / Accepted: 19 October 2018 / Published online: 3 November 2018
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Lower urinary tract symptoms, such as urinary incontinence and urge symptoms, can be treated with conservative management as a first line treatment. However, it remains unclear which women will benefit most from conservative treatment options. Currently, there is a paucity of evidence on this when incorporating patient characteristics or symptom severity.

The authors of “Association of baseline severity of lower urinary tract symptoms with the success conservative therapy for urinary incontinence in women” hypothesize that women with more severe symptoms may not benefit as much from conservative treatment. These women could instead be transferred to second-line treatment much sooner.

In a retrospective case review study, 140 women were included, in a total of three groups: overactive bladder (OAB, $n = 50$), mixed urinary incontinence (MUI, $n = 50$), and stress urinary incontinence (SUI, $n = 40$). Prior to treatment, women filled in standardized questionnaires [International Consultation on Incontinence Questionnaire (ICIQ), Overactive Bladder Short Form (OAB-SF), ICIQ-Urinary Incontinence Short Form (ICIQ-UI-SF), and a 3-day bladder diary. Conservative management consisted of physiotherapy

training, bladder training, and lifestyle changes where appropriate for at least 3 months. Success was defined as much or very much better by using the Patient Global Impression of Improvement (PGI-I) questionnaire. Overall, by having fewer lower urinary tract symptoms at the initial presentation, such as fewer urgency or incontinence episodes, the likelihood of success with conservative therapy is higher. This was confirmed by multivariate analysis. Cutoff points were proposed following ROC analyses: e.g., MUI: 3.5 urgency episodes per day.

Study results can be used to counsel women about their expectations regarding first-line treatment of conservative management. The proposed cutoff points of success were arbitrary: although sensitivity was quite high, specificity varied between 50 and 76%. When using the initial presentation for triage, not all women who will benefit from conservative therapy will remain in first-line treatment. Women less likely to benefit from conservative treatment could therefore still be offered conservative treatment, following which they can choose their preferred treatment method after appropriate counseling. Having had conservative treatment can be of additional value when medical or surgical treatment is started.

Ideally, a large prospective study should be performed in which questionnaires regarding baseline symptom severity are combined with patient demographics. This study is under way. In addition, the cost-effectiveness of immediate referral when presenting with more severe symptoms should be studied.

Compliance with ethical standards

Conflicts of interest None.

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