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Should our approach to continence surgery differ depending on ethnicity?

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Hypothesis/Aim of study: It has been reported that multi-channel cystometry is not routinely recommended prior to continence surgery in women with a clinical diagnosis of “pure” stress urinary incontinence (SUI). However, the studies upon which these recommendations are based include 95% white women (1). Studies have shown that non-Caucasian origin women present more commonly with detrusor overactivity (DO) and are less likely to have urodynamic stress incontinence (USI) (2). This may lead to more false positive ‘stress tests’ in non-Caucasian women and inappropriate surgery. We therefore aimed to investigate the influence of ethnicity on urodynamic outcomes.

Study design, materials and methods: Women with lower urinary tract symptoms were recruited from clinic between April 2012 and March 2015. Women underwent urodynamics and self-reported ethnicity was grouped as ‘Caucasian’ or ‘Other’ (Asian, Black, Mixed, Middle Eastern). Relationship between ethnicity and urodynamic diagnosis was assessed using Chi square test and logistic regression.

Results: 1266 women were included (range 21–84 years), groups were matched for age, BMI and parity. Women of ‘Other’ ethnicity were more likely to have DO (OR 1.9 95%CI 1.5–2.5, $p=0.0001$) and less likely to have USI (OR 0.59 95%CI 0.46–0.76, $p=0.0001$). Diagnosis of mixed urodynamic incontinence (MUI) or Inconclusive results were not significantly different between ethnicities. In patients with predominantly stress incontinence symptoms, the equivalent of a positive stress test, ($n=111$), ‘Other’ were more likely to have DO (Chi-squ, $p=0.02$), there was no significant difference USI.

Conclusion: Our study shows that patients of ‘Other’ ethnicity who present with stress symptoms are more likely than not to have detrusor overactivity on urodynamics. Studies suggesting that the office ‘stress test’ and symptoms are sufficient to make a diagnosis of USI prior to continence surgery may not be valid in women of non Caucasian origin. Healthcare recommendations stratified by ethnicity should be further investigated in urogynaecology [1–3].

Reference

- [1] N Engl J Med 2012;366:1987–97.
 [2] J Obstetr Gynaecol 34:2, 174–176.
 [3] Obstet Gynecol 1998 Jan;91(1):51–4.

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Women-up consortium; An European project to develop an innovative treatment for stress incontinence

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Introduction and aim of the study: Urinary incontinence is a common condition in women, with a prevalence ranging from 25 to 51% [1]. An estimated 38% of these women suffer from stress urinary incontinence (SUI) [2]. A European research consortium investigates whether treatment outcome of Pelvic Floor Muscle Therapy (PFMT) can be improved by an innovative intervention with a web-portal based biofeedback system and serious games on a smartphone application. With this survey we aim to investigate the experience and attitude of urogynaecologists towards innovative care-options.

Materials and methods: We performed an online survey designed to assess [1] characteristics of gynaecologists and practice, [2] current protocol to treat SUI and experience with and attitude towards both [3] biofeedback and [4] serious gaming. The survey was sent to all EUGA, BSUG and Dutch Pelvic Floor Society members.

Results: An analysis of 341 responders shows that 64% have a protocol for treatment of SUI. The primary treatment consists of lifestyle advice and PFMT in both mild (54% of used protocols) and moderate (39%) SUI. Responders indicate that biofeedback has either a clear (46%) or probable (46%) added value in the treatment of SUI. Currently, 31% of responders treat patients aided by biofeedback. Of all current non-biofeedback users 97% would change their practice when research shows strong evidence in favor of its use. 89% indicate they have no experience with serious gaming. Serious games can be useful for self-management of SUI as indicated by 92% of responders.

Conclusions: The results of this survey show European urogynaecologists have limited experience with biofeedback and serious gaming. Nevertheless, the vast majority of responders welcomes innovative ways to expose their patients to existing SUI treatment modalities.

Reference

- [1] Hannestad YS, Rortveit G, Sandvik H, Hunskaar S. A community-based epidemiological survey of female urinary incontinence: the Norwegian EPINCON Study. *Epidemiology of Incontinence in the County of Nord-Trøndelag*. *J Clin Epidemiol* 2000;53(11):1150–7.
 [2] Sykes D, Castro R, Pons ME, Hampel C, Hunskaar S, Papanicolaou S, et al. Characteristics of female outpatients with urinary incontinence participating in a 6-month observational study in 14 European countries. *Maturitas* 2005;52(Suppl 2):S13–23.

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