

# Few With Incontinence Actually Cut Fluid Intake

BY KATE JOHNSON  
Montreal Bureau

MONTREAL — Fluid reduction is not a common coping strategy among people with urinary incontinence, although many practitioners believe it is, according to Australian researchers.

"Anecdotally, as continence advisers, we have the perception that the majority of our patients actually reduce their fluids in order to cope with their urinary symptoms, but surprisingly only a third of people actually do," said Charmaine Bryant, a clinical nurse consultant at Prince of Wales Hospital in Randwick, Australia.

In a study she presented at the annual meeting of the International Continence Society, Ms. Bryant administered a questionnaire to 356 consecutive adult patients presenting with urinary incontinence and/or overactive bladder symptoms. The patients were seen at community health/hospital continence clinics.

The results on fluid intake (last 24 hours), 5-year history of change in fluid intake, personal demographics, and quality of life were compared with answers given from 353 age- and sex-matched control subjects drawn from the local community.

There were three groups of patients: those seeking treatment for bladder problems, control subjects who reported no bladder problems, and controls who reported some bladder problems but were not seeking treatment.

The study found that among patients seeking treatment, only 34% had reduced their fluid intake over the past 5 years while the remaining 66% had either increased or not changed it. Among controls who reported bladder problems but were not seeking treatment, only 20% had reduced their fluid intake, while 30% had increased it, and 49% reported no change.

By comparison, 7% of asymptomatic controls had reduced their fluid intake over the past 5 years (largely because of caffeine or alcohol problems), 24% had increased it, and 69% reported no change.

In the two groups reporting bladder problems, the decision to reduce fluids was largely self-directed rather than medically directed—and the method of reduction consisted primarily of reducing fluids before going out and before going to bed, Ms. Bryant said.

Another surprising finding was the total amount of fluids that subjects consumed.

"The mean was well over 2 liters a day, whereas I thought that the mean would probably be somewhere around 1.5 liters a day," she said in an interview.

"Significant numbers reported moderate intake levels of between 2 and 3 liters, and high levels of more than 3 liters, suggesting that intake levels among people with continence-related dysfunction are typically quite high," she added. A significant minority reported very high intake levels of up to 9 liters a day.

The information should be useful to practitioners as they counsel patients on fluid manipulation, she commented. ■

# Transvaginal Radio Frequency Treatment Fails in Second Test

BY SHARON WORCESTER  
Southeast Bureau

ATLANTA — The promising results seen in initial studies of SURx transvaginal radio frequency for the treatment of stress urinary incontinence were not replicated in a recent series of patients.

"We were unable to replicate previously reported response with the SURx procedure despite adequate technique, and although we found it to be safe, we have decided not to continue to offer this as a treatment option for our patients," Dr. Gunhilde Buchsbaum said at the annual meeting of the American Urogynecologic Society.

Initial studies of the SURx system, which was approved for use in the United States in 1997, showed cure rates and patient satisfaction rates in the 80% range. In the current study comprising 15 patients treated at the University of Rochester (N.Y.) Medical Center from January 2003 to April 2004, the success rate was low, patient satisfaction was low, and the rate of additional treatment was high, said Dr. Buchsbaum of the departments of obstetrics and gynecology, and urology at the university.

Before treatment, all patients had a mean Valsalva leak-point pressure (VLPP) of 150 cm H<sub>2</sub>O, and seven had concomitant urge. The mean number of leaks per day was about six. The patients were treated with a total radio frequency application time of 188 seconds for both sides. There were no complications.

After surgery, 6 of the 15 patients had a negative cough stress test, and 9 reported ongoing stress urinary incontinence symptoms and had a positive cough stress test. The average number of leaks per day in those with ongoing symptoms was reduced from six to four.

Five patients said they were extremely satisfied with the procedure, one was satisfied, and nine were not satisfied. Seven patients sought additional treatment within a year; four had tension-free vaginal tape placement, one had Burch colposuspension, and two were fitted with a continence ring.

The treatment was discontinued at the medical center because the 40% cure rate was deemed unacceptable, Dr. Buchsbaum said. "Every procedure has a learning curve; however ... it is important for any procedure marketed for widespread use to have minimal operator dependency," she said. ■

**'Although we found it to be safe, we have decided not to continue to offer [SURx] as a treatment option.'**

# Symptom Improvement Is Worth a Lot To Women With Urinary Incontinence

BY SHARON WORCESTER  
Southeast Bureau

ATLANTA — Women with urinary incontinence are willing to pay a substantial amount of money for symptom improvement, a new study shows.

The finding underscores the extent of the negative impact that incontinence has on quality of life, Dr. Leslee Subak said at the annual meeting of the American Urogynecologic Society.

A total of 300 women with varying degrees of urinary incontinence were surveyed to determine both the amount that women typically spend in the course of coping with their incontinence and the amounts they think they would be willing to spend to achieve 25%, 50%, 75%, or 100% symptom improvement.

Overall, the women were willing to pay more than \$800 per year for symptom resolution—an amount comparable to what those with other chronic medical conditions, such as migraine headaches and acid reflux, have said they would be willing to pay for symptom resolution, said Dr. Subak, an obstetrician/gynecologist at the University of California, San Francisco.

The median the women were willing to pay monthly was \$20 for 25% improvement, \$30 for 50% improvement,

\$40 for 75% improvement, and \$50 for resolution.

African American women were willing to pay fivefold more than white women for symptom improvement, Hispanic women were willing to pay twofold more than white women, and those in the upper household income quartile were willing to pay twofold more than those in other income categories.

Costs associated with routine care for incontinence—such as for pads and laundry, also were higher for African American women, compared with white women.

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Estimated weekly costs were a mean of \$9.50 per week and median of \$3.65 per week overall, Dr. Subak said, noting that African American women paid 80% more than white women, those with moderate and severe incontinence paid twofold more than those with mild incontinence,

and those with urge incontinence paid 50% more than those with stress incontinence.

About 90% of the women studied had at least some cost associated with incontinence, she added.

The women, who were an average age of 56 years, were asked to quantify the weekly costs associated with their incontinence, and the figures obtained were multiplied by national resource costs to determine cost estimates. ■

# Parous and Nulliparous Sisters Suffer Same Rates Of Stress Incontinence

Vaginal birth does not contribute to the development of stress urinary incontinence later in life, according to Dr. Gunhilde Buchsbaum, of the department of ob.gyn at the University of Rochester (N.Y.), and colleagues.

"Contrary to the conventional wisdom that nulliparity protects against stress urinary incontinence, we found similar rates of urinary incontinence in postmenopausal nulliparous women and their parous biological sisters," the investigators reported (*Obstet. Gynecol.* 2005;106:1253-8).

Dr. Buchsbaum's team analyzed a sample of 143 pairs of nulliparous/parous postmenopausal sisters. All of the women answered a questionnaire about symptoms of pelvic floor disorders, and 101 pairs also underwent clinical evaluation of urinary incontinence and genital prolapse. The researchers found that 47.6% of nulliparous women and 49.7% of parous women reported urinary incontinence, with no difference in type and severity of urinary incontinence between the groups.

Of interest was the finding that there was "a high concordance in continence status ... within biological sisters," according to Dr. Buchsbaum. This finding suggests that there may be a genetic predisposition for urinary incontinence. If that proves to be true, it "would have great implications for the direction of basic research, treatment approaches, risk management, and potential prophylactic interventions."

—Martha Kerr