A More Specific Meaning for Global Severity Anchors in a Population with Urinary Incontinence

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ABSTRACT

OBJECTIVE

The objective of this work was to develop more specific descriptors for self-reported UI severity. Ideally, these descriptors would be anchored on patients' perceptions of their condition and would, therefore, be useful in developing an expanded set of response options for inclusion in outcomes measures designed for research purposes.

METHODS

Patient Population

19 adult women (over 20 years of age) were recruited to participate in the qualitative exploration. Six of these women (32%) were between 20 and 45 years of age, 9 (47%) were between 46 and 55 years of age, and four (21%) were 56 years or older. Seven of these women (37%) self-reported symptoms consistent with Stress Urinary Incontinence (SUI), while 5 (26%) reported Mixed UI; 2 (11%) reported symptoms of frequency/urgency, and 5 (26%) reported combined symptoms of both stress and urge UI.

Procedures

Patients were oriented to the purpose of their visit, and signed consent forms prior to participation. They were shown a severity-indicator-thermometer (see Figure 1) and asked to focus on the most severe case of urinary incontinence they could imagine. Each participant was then asked to identify a FREQUENCY of leakage they would associate with that level of severity (see Figure 2a). They were then asked to imagine a very mild case of UI and asked again about the frequency of urination they would associate with that level of severity. To obtain a value for "moderate," the midpoint between the two extremes was identified. Then the exercise was repeated for VOLUME (see Figure 2b), and again for how RESTRICTED a patient might be with the different degrees of severity of UI (see Figure 2c).

CONCLUSION

Results from the qualitative exploration demonstrate the possibility to use more specific patient-based descriptors to evaluate the patient's perception of their UI severity. Traditional use of the "mild/moderate/severe" response options has supported a wide variety of analytic investigations in both epidemiological studies and clinical trials. A more broad distribution of severity-linked response options in key outcome variables (particularly frequency and volume of leakage) would be expected to provide a greater sensitivity in the resulting data. The above results would suggest that this approach would be useful in research that relies upon symptom-based outcomes to reflect changes in the patient's UI status.

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