



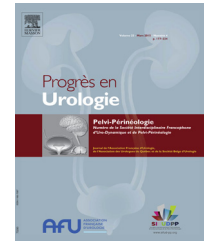
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ORIGINAL ARTICLE

Correlation between the 1-hour and 24-hour pad test in the assessment of male patients with post-prostatectomy urinary incontinence

Relation entre les pad test 1 et 24 heures et l'adéquation des niveaux de gravité dans la incontinence urinaire post-prostatectomie

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KEYWORDS

Urology;
Incontinence pads;
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Summary

Introduction. – This study is aimed at studying the correlation between the 1-hour and 24-hour pad tests for urinary incontinence following prostatectomy; the second objective is to check whether the severity level established by both tests is adequate for male urinary incontinence.

Material and methods. – The study population includes patients who had undergone prostatectomy at a single center between February 2015 and December 2016, using 159 measurements consisting of 24-hour and 1-hour pad tests, belonging 45 patients. Both tests have been performed according to the protocol standardized by the International Continence Society. Once all the data have been obtained, the levels marked by each of the pads have been established, and the statistical analysis has started.

Results. – The relationship between the amounts recorded in grams by the two test is highly significant ($P=0.000$), however, when comparing the incontinence levels established by each test (mild, moderate and severe), discrepancies have been found. The median of the severe cases in the 24-hour pad test was 389.5 grams, and in the 1-hour pad test was 92 grams.

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So, patient's loss values are well above the cut-off point defined for severe urinary incontinence in both 24-hour (50 grams) and 1-hour pad test (75 grams).

Conclusions. – There is a diagnostic discrepancy between the 24-hour pad test and the 1-hour pad test in terms of defined urinary incontinence severity levels. In our opinion, these levels should be redefined for male urinary incontinence since the amount of urine loss is well above the threshold established for severe incontinence.

Level of evidence. – 4.

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MOTS CLÉS

Urologie ;
Protections de
d'incontinence ;
Modalités de
physiothérapie ;
Incontinence urinaire

Résumé

Objectif. – L'objectif de ce travail est d'étudier la corrélation existante entre les Pad Test 1 h et 24 h et l'incontinence post-prostatectomie. L'objectif secondaire est de vérifier si le niveau de gravité défini par chaque test est adéquat pour l'Incontinence urinaire masculine.

Matériel et méthodes. – Quarante-cinq patients ayant subi une prostatectomie au sein de notre centre entre février 2015 et décembre 2016 ont été inclus. Chacun des tests ont été réalisés sous le protocole standardisé par l'International Continence Society. Une fois tous les données obtenues, les niveaux identifiés pour chacun des Pad tests ont été établis et l'analyse statistique a pu être lancée.

Résultats. – Au total, 159 pad test de 1 h et 24 h ont été analysés. La relation entre la quantité de grammes enregistrée par les deux tests est fortement significative ($p=0,000$) par contre, en comparant les niveaux d'incontinence établis par chacun des tests (faible, modéré et grave), des divergences ont été rencontrées. La médiane des cas graves dans le test de tampon de 24 heures était de 389,5 grammes, et dans le test de tampon de 1 heure était de 92 grammes. Alors, les valeurs des pertes présentées par les patients sont très supérieures au seuil défini pour l'incontinence urinaire sévère, autant dans le Pad Test 24 h (75 grammes) que dans le Pad 1 h (50 grammes).

Conclusions. – Il existe une divergence diagnostique entre le Pad Test 24 h et le Pad Test 1 h en ce qui concerne les niveaux de gravité de l'incontinence urinaire définis. Nous pensons que ces niveaux doivent être redéfinis pour l'incontinence urinaire masculine, la quantité de perte d'urine étant très supérieure au seuil établi comme incontinence grave.

Niveau de preuve. – 4.

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Introduction

Post-prostatectomy urinary incontinence is a major health problem that affects a high percentage of male population [1]. Several decades have passed since 1971, when James et al. first described the pad test as a method to quantify urinary incontinence (UI) [2]. From that moment on, the best conditions have been sought to perform this test, emerging this way other short-term tests of 2 and 1 hour; of 40, 20 and even 1 minute; and also long-term tests of 24 and 48 hours.

During this period of over 45 years, numerous studies have been developed, aimed at studying the validity, reliability and sensitivity of these tests; different authors have found that the 1-hour pad test had a low sensitivity [3], showing lack of precision in the detection of urine loss [1] and poor reliability, even with identical bladder volumes in the same patient [4]. In addition, the bladder filling volume that is most suitable for its performance has not yet been standardized.

In spite of the above observations, it is considered one of the best tests to establish the initial diagnosis of UI [5], being even more sensitive than certain urodynamic tests [6]. For this reason, it is recommended to use it along with other tools, such as questionnaires or bladder diaries [7].

On the other hand, the 24-hour pad test seems to have adequate reliability [2], and in order to achieve it, patients are advised to control their physical activity [8,9], as well as their fluid intake. It seems that if these variations are small, they do not affect reproducibility [10]. This test is recommended to assess the results of a treatment [5].

However, difficulties continue to exist, because there is no consensus among different authors as to what is considered continence in the 24-hour pad test. Another possible problem is that these tests were initially designed as methods for assessing women's UI, and subsequently have been used for men's UI. Consequently, it would be necessary to determine whether the severity level is the same for both genders, since etiologies are often very diverse and being

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