

Predictors of Success and Satisfaction of Non-surgical Therapy for Stress Urinary Incontinence

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Objective: To determine factors predicting success and satisfaction in women undergoing non-surgical therapy for stress urinary incontinence (SUI) and whether these factors differed by treatment.

Methods: Secondary analysis of women participating in a multi-center randomized trial of pessary, behavioral or combined therapy for SUI (ATLAS Study). Outcomes were assessed at 3 months and included the Patient Global Impression of Improvement (PGI-I), stress incontinence subscale of the Pelvic Floor Distress Inventory (PFDI), and the Patient Satisfaction Question (PSQ). Potential predictors included demographic, clinical and anatomic factors, as well as incontinence type and frequency. In the ATLAS study behavioral therapy demonstrated greater patient satisfaction and fewer bothersome incontinence symptoms than pessary at 3 months, while combination therapy was not superior to single-modality therapy. In this analysis, treatment-by-factor interaction tests were performed to assess whether predictors of success and satisfaction differed by treatment. Multivariate logistic regression was performed to evaluate predictors, adjusting for treatment and other important clinical covariates (adjusted OR's).

Results: 446 women were randomized. A college education or higher (OR=1.60) predicted success based on the stress subscale of the PFDI ($p=0.05$). Menopause status (OR=2.46 post-vs pre-menopausal, OR=1.31 unsure menopausal status vs pre-menopausal) predicted success using the PGI-I ($p=0.03$). Less than 14 incontinence episodes per week (OR=1.93) predicted satisfaction with the PSQ ($p=0.01$). These predictors did not differ across the 3 treatment groups.

Conclusions: Depending on the outcome of interest, menopause, higher education and lower incontinence frequency were found to be predictors of success and satisfaction with non-surgical therapy for SUI.

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