

Congratulations! To date, there are 111 women enrolled in the VALUE Study!

How Do We Measure Success?

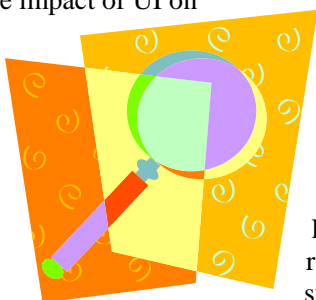
By Larry Sirls, MD at W. Beaumont Hospital

The evaluation of urinary incontinence (UI) before and after treatment involves measuring both “subjective” information (patient reported symptoms), and “objective” data (for example the number of UI episodes a day or amount of urine loss on the pad weight tests). Evaluating symptoms gets complicated when we consider that the outcome after surgery for stress incontinence includes the following:

- Assessment of stress incontinence symptoms-Did the surgery work?
- The impact on urgency symptoms-Better, worse, or new onset?
- The possible development of difficulty voiding or other complications.

The UITN approaches this challenging task by using both questionnaires (subjective information) and clinical measures (objective data). These include the following:

- **Pad Testing** is an objective test since it quantifies the amount of urine leakage. A 24-hour pad test is used to show “everyday” leakage from both stress and urge incontinence.
- **Voiding Diaries** measure the frequency of voiding and the number of episodes of urine loss. For most of our studies a 3-day diary has been used.
- The **MESA** questionnaire (Medical, Epidemiologic, and Social Aspects of Aging) helps measure the type of leakage for both stress-type symptoms and urge-type symptoms. Most patients have “mixed” incontinence symptoms of both stress and urge-type.
- The **International Consultation on Incontinence Questionnaire (ICIQ)** measures the impact of UI on everyday life, and the **Incontinence Impact Questionnaire (IIQ)** measures the impact of UI on various activities, roles, and emotional states. The **Urogenital Distress Inventory (UDI)** measures patient bother secondary to the stress UI symptoms, urge symptoms and voiding symptoms.



- The **Patient Global Impression of Severity and Improvement (PGI-S and PGI-I)** asks about a women’s overall impression of their condition and their response to treatment. These tools are unique in their ability to account for the preferences of individual patients.
- A **Patient Satisfaction with Treatment Outcome** questionnaire was developed by the UITN and measures satisfaction with the result of surgery. It provides a measure of the patients’ global sense of satisfaction with their outcome.

Other factors important in evaluating surgery for stress incontinence include the time to **return to adequate voiding**, to **resume normal activities**, assessment of **post operative pain** and the impact on **sexual function**. Based on all of these factors and experiences, patients will report their **satisfaction with treatment outcome**. All of these factors are considered as patients report their overall impression of “success”. Our ongoing research will help us to understand these issues and the tools that measure them, and add to the ultimate goal of improving diagnostic and treatment decisions.



UITN Study Updates

By Judy Gruss, RN at U. Pittsburgh

The study investigators have been busy analyzing all of the information collected in the UITN studies. Here we present three more sets of results that were published recently from data collected in both the SISTEr study and the BE-DRI study.

1. The investigators recently published a report comparing the outcomes in older women versus younger women who participated in the SISTEr study. Remember, in SISTEr (our first study), women were randomized to receive either a Burch surgery or a sling surgery for stress urinary incontinence. The 655 women

who participated ranged in age from 27 to 81. We are always interested in making sure that we consider the impact of medicine on our patients of all ages as the average age of the UITN population increases.

In a paper published recently in the journal *Obstetrics and Gynecology* called “Two Year Outcomes after Surgery for Stress Urinary Incontinence in Older Compared with Younger Women”, the investigators divided the women into 2 groups. They looked at the study results in women younger than age 65, and then in women aged 65 and older, and compared the results.

The investigators first looked at surgical outcomes like number of days in the hospital, bladder function within the first 6 weeks after surgery, and complications like wound infections. Although women in the older age group had a slightly longer return to normal activities, there were no other differences between the two groups. This was encouraging.

Then the investigators looked at how the women were doing two years later. Women in the age 65 and older group were more likely to have less improvement in stress incontinence in general, and were also more likely to have undergone an additional procedure for stress incontinence. Interestingly, both groups of women were equally satisfied with their treatment.

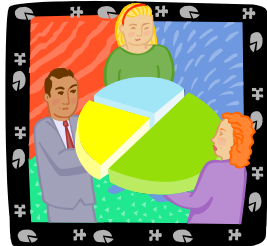
The investigators concluded that women of all ages should expect good outcomes from incontinence surgery, but that older women seeking surgery should be carefully counseled about what they can expect long term from the surgery.

2. The investigators were also interested in a similar comparison of study results in the BE-DRI study. Remember in BE-DRI, women with urge incontinence were randomized to receive medication only or medication and behavioral training. After 10 weeks of treatment all women were asked to stop the medication.

In the journal article called “Predictors of Outcomes in the Treatment of Urge Urinary Incontinence in Women”, published recently in the *International Urogynecology* journal, the investigators were interested in finding out whether factors, such as age, made a difference in the success of treatment.

The investigators found that younger women had more improvement in their incontinence symptoms after 10 weeks of treatment with medication, regardless of whether they also had behavioral training. They theorize that there may be changes to the bladder, urethra, pelvic floor muscles and nerves with aging that either cause worse urge incontinence that is harder to treat, or may affect the way that medications work. Again, it is important to counsel patients appropriately, given these results, about what they can expect from treatment.

3. Finally, the investigators are interested not only in urinary incontinence (as we have reported before). Women with urinary incontinence also frequently suffer from fecal incontinence (or accidental loss of stool). There is not as



much information in medical journals about fecal incontinence, and about the relationship between the two types of incontinence, yet they appear to be very related.

In an article published recently in the *American Journal of Obstetrics and Gynecology* called “Associated Factors and the Impact of Fecal Incontinence in Women with Urge Urinary Incontinence”, the investigators used information provided by the women in the BE-DRI study. They wanted to find out how often these women reported fecal incontinence. They also wanted to know how the women with both types of incontinence were affected by this.

The investigators found that 18% of the women in the study reported fecal incontinence (in addition to urinary incontinence) at least once a month. This high percentage indicates that fecal incontinence is probably more common than we think, and doctors need to ask their patients about fecal incontinence so that they can help women manage this common type of incontinence.

The women who reported that they had fecal incontinence were more likely to have delivered a baby vaginally in the past. This is something that many other studies have shown.

Importantly, the quality of life in the women who had both types of incontinence seemed to suffer more than those women who had only urinary incontinence. The impact of incontinence on these women was significant. Doctors need to keep this in mind when they are taking care of patients with incontinence.

Breathing Exercises to Reduce Stress

Jennifer Tabaldo, MT, NCTMB at UCSD

In today’s economy, lifestyle and everyday work environment, we all need something relaxing, invigorating and freeing, that can help the mind and body relieve everyday stress. That one important thing is – breathing.

Breathing is powerful! Holistic practitioners and scientific studies have shown that correct breathing, and breathing exercises can help manage stress and stress-related conditions by soothing the nervous system. In fact, the main reason breathing is said to be one of the most effective techniques for relieving stress is because breathing releases tension in muscles, oxygenates your body, and influences thoughts and feelings. Most of us don’t breathe deeply enough. The simple act of breathing correctly can help reduce stress and tension.

If you have never tried breathing exercises before, try them now. Go to a quiet location and sit or lie in a comfortable position. The way you position your body is very important. Try to find a position that is free of strain, especially in your neck or back, because it will decrease your ability to relax and feel the full benefits of the exercises.

Breathing Exercises:

Start by breathing slowly, but deeply, by drawing air in. Take air in through your nose, and then blow the air out through your mouth. Don’t just take the air into your throat and breathe out, but begin by slowly breathing in through your nose to a count of 5. Then slowly exhale through your mouth to a count of 6. Continue for at least 2 minutes, and notice how relaxed you can make yourself feel.

Deep Breathing Exercises:

If you are at work, you can do the breathing exercises while sitting at your desk. The breathing exercises will have a calming impact.

- Relax your arms, shoulders and neck and close your eyes.
- Slowly inhale through your nose to a count of 5.
- Draw the air in.
- Slowly exhale through your mouth to a count of 6.
- Repeat until your breathing is regular and steady.
- Continue for about 2 minutes.

Muscle Relaxation Breathing:

Add these steps to your breathing exercises.

- Clear your mind of stressful thoughts.
- Mentally scan your body, notice the areas that feel tense or cramped and release them.
- Rotate your head in smooth circular motions, right to left and left to right, once/twice **very slowly**.
- Roll your shoulders forward and backward a few times.
- Let all of your muscles completely relax.
- Continue inhaling deeply and exhaling slowly until you feel completely relaxed.

Breathing exercises are a powerful tool that can give you control over your state of mind. It's a simple yet underutilized stress relief technique which can induce a relaxed state of mind. Give it a try, and see what it does for you!

References: www.amtamassage.org and www.ncbtmb.org

Always consult your physician before any new exercises and/or techniques.



Meet a UITN Team Member

Name: Linda Brubaker, MD, MS
Title: UITN Principal Investigator
Institution: Loyola University Medical Center

What can you share about your pre-doctor days? My first job in a hospital was delivering newspapers!

What do you enjoy now? I really enjoy my work. Finding answers to important questions that affect women's health is very rewarding to me. When I am not working, I enjoy reading, walking and hanging out with family and friends.

Tell us about your family life. My husband and I are empty nesters. We have three children, ages 25, 23 and 21 and love getting together, especially when we are near a beach somewhere.

What are some things you think people don't know about you. I was the only English major in my medical school class and I was the Queen of the Kazoo Marching Band in High School, no kidding!

Do you watch TV or read for pleasure? I love to read and am thinking about getting a Kindle – if you have one, I would love to hear your opinion about it. I watch some TV, but usually while I am doing other things (probably not a very good habit...).

What would you consider your perfect day? You might be surprised – because my perfect day might include work – especially if I find out about some wonderfully exciting data that really improves how doctors provide health care to women! But, if I am not at work, I would love to start the day as the sun comes up with a very long walk on the beach. Then I would join my family for a relaxing breakfast.



Grilled Shrimp

Submitted by Tamara Dickinson at UT Dallas

Ingredients:

- 1 1/2 lbs peeled, deveined shrimp
- 1/2 cup olive oil
- 1/2 cup finely chopped basil
- 4 cloves of garlic crushed
- 4 tblsp Lea and Perrins Worcestershire for Chicken
- 1 1/2 tsp hot pepper sauce (I use Tabasco's Chipotle Sauce, it's not real hot but has a smokey flavor)
- 1/2 tsp salt
- 1/2 tsp black pepper
- Juice of 1/2 of a large lemon

Directions

Combine all ingredients in a large Ziploc bag.

Marinate at least 2 hours then remove from marinade and grill or broil.



For more information about the UITN studies, please call the office nearest to you.

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