



Clinical & Prevention Urinary Incontinence Trials: Is there a Sensible Path Forward?

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CLINICAL & PREVENTION UI TRIALS

IS THERE A SENSIBLE PATH FORWARD?

- What do we want to accomplish?
 - **Our GOALS**
- What are the barriers in achieving our goals?
 - **BARRIERS TO BREAK**
- How can we achieve our goals?
 - **Our STRATEGY**

GOALS FOR GERIATRIC UI RESEARCH

- **Provide Means To Drastically Reduce The Incidence Of UI & Cure/Control UI Among Sufferers – Improve QOL**
- **Science of UI Need**
 - Improve knowledge in basic science dealing with the LUT
 - An accurate assessment of the incidence and remission rates
 - Reliable information regarding risk factors
 - Effective standardized clinical and preventive intervention for UI

GOALS FOR GERIATRIC UI RESEARCH

PROVIDE MEANS TO SUPPORT SCHOLARS OF UI RESEARCH

- Unification of the various disciplines and institutions working in Geriatric UI research
- Soliciting and encouraging new disciplines for new ideas and solutions
 - Focus the efforts by defining common goals
 - Establish a strategy to raise adequate funds to support Geriatric UI research
 - Establish a clearing house for collection & dissemination of accurate validated information for public consumption

MAJOR ISSUES (BARRIERS) MOVING FORWARD

- **Lack of Focus/Coherence**
 - Wide ranging publications in this topic - No consensus
- **Duplication of Efforts**
 - Too many cross-sectional survey & duplicative intervention studies
- **Gaps of Basic Knowledge**
 - Limited longitudinal studies (incidence, remission, risk factors, etc.) and under-utilization of voluminous data
- **Disparate Groups and Ideas**
 - Duplication of efforts with conflicting results

MAJOR ISSUES (BARRIERS) MOVING FORWARD

- **Shortage of Funds and Scholars**
- **Lack of Authoritative Clearing House for Collection & Dissemination of Information**
 - Professional organizations, medical centers, governmental agencies, private enterprise, etc.
- **Focus/Efforts/Ideas**
 - Basic Science
 - Molecular, biochemical, pharmacologic, cellular, neuronal, etc.
 - Clinical
 - Epidemiology, diagnostic, therapy intervention

Barriers con't.

- **Focus/Efforts/Ideas**

- **Prevention**

- Primary, secondary, both and with what

- **Participants (Subjects/Patients) & Care Settings**

- Best model for basic science research

- Gender differences and focus

- Settings: Community, Assisted living, Nursing homes, In-patients, Palliative/Hospice care

BARRIERS con't.

- **TECHNOLOGY: MINING THE DATA BASES**

- Utilization of electronic technology in data mining & clinical application
- Mining the MESA data base to identify risk factors for geriatric UI
 - NIH Funded Grant 2011-2015*
 - Established “continence index: A new questionnaire to predict UI in elderly women in the community

Diokno AC, Ogunyemi T, Siadat MR, Arslanturk S, Killinger KA. Continence Index. A new screening questionnaire to predict the probability of future incontinence in older women in the community. Int Urol Nephrol. 2015 Jul;47(7):1091-97

OUTCOMES OF MINING THE MESA DATA BASE

EIGHT RISK FACTORS FOR GERIATRIC UI

1. BMI >24
2. Sneeze often/sometimes
3. Post-partum UI
4. Trouble getting to toilet
5. Wetting | soiling 1/wk.+
6. Can't shut off stream
7. Memory problems
8. Possible future UI

COMBINATION FACTORS	PROBABILITY UI (LL OF CI)
1 Factor	50-58%
2 factors	56-69%
3 factors	66-78%
4 factors	74-87%
5 factors	85-89%
6 factors	87-92%
7 factors	93-95%
8 factors	96%

BARRIERS

- **Funding Issues**

- Governmental Agencies: NIH, DOD, CDC etc., Philanthropy, Private Enterprise: Pharma, insurance companies, etc.

- **Scientific Expertise**

- Centers of Excellence
- Specialists & Specialties – multiple disciplines
- Institutional support

STRATEGY TO ACCOMPLISH GOALS

- **Need to establish a consensus among stake holders**
- **Convene a consensus conference**
 - Under the auspices of a government agency & other organizations
 - Open to multiple participants (institution & disciplines)
 - Establish known facts & current status
 - Identify and prioritize gaps of knowledge
 - Establish a focused comprehensive research agenda
 - Establish a clearing house to disseminate information

CONCLUSION

- Knowledge on Geriatric UI has advanced
- Significant knowledge gaps still exist
- Prevalence of UI is still high
- Major barriers include issues with content, infrastructure, personnel and funding
- Need for a consensus to develop a strategy to
 - Improve dissemination of information
 - Identify and prioritize solving gaps of knowledge
 - Establish a focused comprehensive research agenda

Thank you!



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