younger ones. The objective of the present study was to assess the differences in HRQoL between elderly patients (and renal transplantation during the first two years). METHODS: Longitudinal prospective study of 199 patients starting RRT. HRQoL was assessed using the SF-36 health survey at three, 12 and 24 months from the start of RRT. PCS, MCS and standardised scores by age and sex were obtained using Spanish general population norms. The t-student test for unpaired samples was used to compare HRQoL of elderly and younger at each moment. RESULTS: Preliminary data of 144 patients collected at three months, of 118 at 12 months and of 76 at 24 months are presented. Mean age was 63.5 (14.31) and 60.5% were elderly patients. At three months, all patients were on hemodialysis; elderly patients had lower loss of HRQoL in Physical Functioning (p = 0.005), General Health (p = 0.0001), Role Emotional (p = 0.014), and PCS (p = 0.048), than younger < Health (p ones). At 12 months, elderly transplanted patients had lower loss of HRQoL in Physical Functioning (p = 0.018), General Health (p = 0.021) and Vitality (p = 0.067), and elderly patients on hemodialysis had less loss of HRQL in Physical Functioning (p = 0.002), Role physical (p = 0.044), Bodily Pain (p = 0.015), General Health (p = 0.001), Mental Health (p = 0.034) and PCS (p = 0.007). At 24 months, elderly transplanted patients had less loss of HRQoL in Physical Functioning (p = 0.017) Bodily Pain (p = 0.025), General Health (p = 0.027). CONCLUSIONS: It’s the first time that it is demonstrated that, using standardised scores by age and gender, elderly patients have less loss of HRQoL than the younger ones during the first year on RRT.

VALIDATION OF TWO QUESTIONNAIRES ON SYMPTOMS AND QUALITY OF LIFE IN ITALIAN WOMEN WITH LUTS: THE FLOW STUDY

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OBJECTIVES: No validated questionnaires are available for assessing symptoms and quality of life (QoL) in Italian women with lower urinary tract symptoms (LUTS). In a large multicentre observational study of women with LUTS (FLOW-Female LUTS: Observational Study in Women), we translated into Italian and validated the long and short forms of female-specific questionnaires (ICIQ-LF and ICIQ-SF). METHODS: The validation process consisted of forward and backward translation, test of comprehension, discriminant validity, test-retest reliability. A first set of women was recruited after they had filled in the questionnaires. A comprehension rate was built as the percentage of correctly understood questions and pre-coded answers of all items by all patients. A case-control study was then performed. Cases were women aged >18 year affected by LUTS from at least 3 months and with negative dipstick. Controls were defined as healthy women of comparable age. All women were enrolled consecutively. In order to evaluate reliability, cases were rettested after seven days and a correlation analysis was performed between the first and the second measurement (Pearson’s r). Discriminant validity was assessed by comparing the scores of cases and controls with ANOVA. RESULTS: The comprehension rate was 99.4% for ICIQ-LF and 99.1% for ICIQ-SF. Four out of 16 patients did not correctly understand 1 item (hesitancy) of ICIQ-LF, which was changed. Cases and controls were respectively 42 and 47 (ICIQ-SF), 80 and 61 (ICIQ-LF). All the ICIQ-SF patients were valuable for test-retest, while only 25 patients for ICIQ-LF. Pearson coefficient between ratings was >0.93 for 23 out of 48 items of ICIQ-LF and 0.96 for ICIQ-SF total score (p < 0.001). Cases and controls were discriminated at ANOVA (p < 0.001) with both questionnaires. CONCLUSIONS: These data show that ICI questionnaires are generally easy to understand, have a good to excellent reliability and a high discriminant validity.

EVALUATION OF TREATMENT OF FEMALE URINARY INCONTINENCE WITH THE ICIQ-UI SF QUESTIONNAIRE

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OBJECTIVES: To evaluate the sensitivity to change of the Spanish version of the ICIQ-UI SF questionnaire, in order to recommend its use in clinical practice to evaluate treatment outcome for Urinary Incontinence (UI). METHODS: Prospective study of 115 women with diagnostic of Stress UI (SUI) who received treatment for their incontinence: Pelvic floor training (PFT) or surgery. All the patients had clinical and urodynamic