

MINIMAL CLINICALLY IMPORTANT DIFFERENCE (MCID) FOR THE INTERNATIONAL CONSULTATION ON INCONTINENCE QUESTIONNAIRE-OVERACTIVE BLADDER (ICIQ-OAB).

Hypothesis / aims of study

Our objective was to define the minimal clinically important difference MICD for the ICIQ-OAB questionnaire.

Study design, materials and methods

The study comprised of women who participated in the prospective, longitudinal observational diagnostic accuracy of bladder ultrasound study (BUS) in the United Kingdom. 421 women with symptoms of overactive bladder (OAB) and urge predominant mixed urinary incontinence completed the ICIQ-OAB questionnaire at initial visit and at 6 months. An overall score (0-16) was calculated for each woman, with greater values indicating increased symptom severity. In order to detect the MCID from baseline to 6 months, we applied: i) anchor based methods, calculating the difference between the ICIQ mean difference for those individuals who reported the smallest amount of improvement ('better') and those who reported no change ('same') at 6 months, and ii) distribution based methods, estimating a small (0.2SD) and a moderate effect size (0.5SD).

Results

421 patients were included in the analysis. The mean age was 52.7 years (SD 13.6) and mean BMI was 30.6 (SD 12.2). The mean overall score of the ICIQ –OAB was 9.3 (SD 2.7) at baseline and 7.5 (SD 3.3) at 6 months.

Table1. Anchor based method of measuring MCID: Change in the ICIQ score by response level at 6 months

How are your urge incontinence episodes compared to 6 months ago?	ICIQ score difference between baseline and 6 months [n, mean (SD)]
- Much worse	[14, 0.9 (2.2)]
- Worse	[20, 1.1 (1.8)]
- Same	[93, -0.9 (2.5)]
- Better	[102, -1.9 (2.6)]
- Much better	[51, -4.3 (2.6)]
Missing	20
MCID (95% C.I.) ¹	-1.0 (-1.7, -0.3)

¹Difference between the ICIQ mean difference for those individuals who reported the smallest amount of improvement ('better') and those who reported no change ('same')

Table 2. Distribution-based MCID calculations

Effect size	ΔICIQ
Small (0.2 SD)	-0.5
Moderate (0.5 SD)	-1.4

*Baseline SD used

Interpretation of results

The estimates obtained by the distribution based approaches of 0.2SD (small effect size) and 0.5SD (moderate effect size) were -0.5 and -1.4 points respectively. The anchor based method yield an estimate of -1.0 point, which is the mid-point of the estimates obtained by the distribution based method.

Concluding message

A unit reduction of the ICIQ score could potentially be used as a threshold, by which clinicians and patients can decide to continue, change or end a specific intervention.

Disclosures

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