The goal of this study was to define the utility of urinary incontinence in women using the Standard Gamble, the gold standard method for determining health state utilities, based on a diagnosis obtained from multichannel urodynamics testing, the gold standard in clinical diagnosis.

Health state utility values are important in many areas of medical research. The values are used in cost-utility analysis, decision analysis and health economic studies. Numerous studies that have estimated the utility of urinary incontinence in women have relied on various health related quality of life (HRQoL) questionnaires such as the EQ-5D and SG and Visual Analog Scale (VAS) methods with the gold standard assessment, the Standard Gamble interview.

The goal of this study was to define the utility of urinary incontinence in women using the Standard Gamble, the gold standard method for determining health state utilities, based on a diagnosis obtained from multichannel urodynamics testing, the gold standard in clinical diagnosis. The Standard Gamble technique was used in a standard format. The patient is asked to choose between life in current health state and varying risks of immediate painless death. The Standard Gamble allows for the evaluation of health states that are incomparable using conventional health state classification methods. The purpose of the study design was to compare the health state utility of urinary incontinence in women as derived from the Standard Gamble and the generic health-related quality of life instruments.

The study was approved by the Partners HealthCare IRB. Patients were approached for study participation after urodynamic testing confirmed a diagnosis of stress or urge urinary incontinence. Subjects completed the Sandvik Severity Index (SSI), EQ-5D and VAS. Subjects then participated in the Standard Gamble conversation.

The median utility for stress incontinence varied based on method: EQ-5D (0.83 [0.23]), VAS (0.85 [0.15]) and standard gamble (0.83 [0.23]). There was a significant difference between the standard gamble assessment and EQ-5D and between the standard gamble and VAS in women with urodynamically documented stress urinary incontinence (p = 0.003 and p < 0.001, respectively). Mean Sandvik’s Severity scores were similar in women with stress incontinence (6.6 [3.7]) and in the combined group (7.9 [3.8]). In the combined group of women with urodynamically proven stress and urge urinary incontinence, there was also a significant difference between the standard gamble and the EQ-5D and standard gamble and VAS (p < 0.001). Mean Sandvik’s Severity scores were similar in women with stress incontinence (6.6 [3.5]) and in the combined group (7.9 [3.8]).

Conclusion: This study suggests that existing published literature using EQ-5D and VAS methods with the gold standard assessment, the Standard Gamble assessment – which more closely approximates the decision to undergo surgery. The study has important implications in future research regarding cost-utility analysis and treatment decision for patients.

The utility scores derived from the Standard Gamble were significantly higher than those derived from generic health-related quality of life instruments. These studies have relied on various health related quality of life (HRQoL) questionnaires such as the EQ-5D and SG and Visual Analog Scale (VAS) methods with the gold standard assessment, the Standard Gamble interview.

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The results of this study suggest that existing published literature using EQ-5D and VAS methods with the gold standard assessment, the Standard Gamble assessment – which more closely approximates the decision to undergo surgery. The study has important implications in future research regarding cost-utility analysis and treatment decision for patients.