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COMPARISON OF TWO QUESTIONNAIRES, E-PAQ VS ODS-S, FOR THE DIAGNOSIS OF OBSTRUCTIVE DEFECATION SYNDROME DURING PREGNANCY AND FOLLOWING DELIVERY

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Introduction

Obstructive Defecation Syndrome (ODS) is a common presentation in urogynaecology clinics. The 5-item ODS-Score is the only validated tool for diagnosing ODS, with a score of >9 indicating ODS.(1) EPAQ, a validated, web-based tool is widely used in urogynaecology clinics.(2) This study compares the ODS-S with the e-PAQ evacuatory domain for use in routine clinics to optimise early detection and management of ODS. It forms part of a prospective cohort study investigating evacuatory symptoms during pregnancy and following Obstetric Anal Sphincter Injury (OASI).

Methods

143 participants completed both ODS-S and e-PAQ in the second and/or third trimester and were followed up post-natally and 47 participants were recruited following OASI. Scores were compared and Pearson's correlation coefficient calculated. Area under ROC curves assessed the diagnostic ability of ePAQ to identify patients with ODS-S scores of >9.

Results

221 paired ODS-S and e-PAQ were completed, with some women completing the questionnaires at more than one time point during and after pregnancy. Scatterplots and Pearson's correlation coefficient showed a positive correlation between scores in all four groups (0.77; $p<0.001$ second trimester, 0.79; $p<0.001$ third trimester, 0.66; $p=0.001$ post-natal and 0.79; $p<0.001$ in the OASI group).

An evacuatory domain e-PAQ score of >33 identified participants with an ODS score of > 9 with a sensitivity and specificity of 71% and 94% in the second trimester, 86% and 95% in third trimester and 78% and 97% in the OASI group. The areas under the ROC curve were > 0.90 for all groups.

Conclusion

These results indicate a strong correlation between e-PAQ evacuation domain and ODS-S scores. An e-PAQ score of >33 was promising for identifying participants with an ODS score of >9 to optimise early detection and management of ODS in routine clinics. Future work is to validate this in the general urogynaecology population.

References

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