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Authors: Doo-Hong Kim, heon-Young Kwon
Institution: Department of Urology, Dong-A University, School of Medicine
Title: CLINICAL CHARACTERISTICS OF FREQUENCY-ANXIETY SYNDROME

Aims of study:

Lower urinary tract symptom (frequency and urgency) in middle aged or old aged person causes a lot of discomforts including long distance travel. This leads to their psychological anxiety and stress in their travel and further, lost of self esteem that can set limitation during their social activities and their lives. The author coined frequency-anxiety syndrome (FAS) for the patients with lower urinary tract symptom and anxiety. Currently, there hasn't been any study on FAS in old aged Korean patients. This study was performed to characterize the clinical characteristics of FAS.

Methods:

24 FAS patients and 20 controls were included in this study. This study was done from January, 1999 through July, 2000. The exclusion criteria was as follows: central nervous system disorder, spinal cord injury, congenital anomalies in lower urinary tract, organic disease, stress urinary incontinence, patients with history of surgical treatment, diabetes, chronic alcoholic syndrome, peripheral nerve disease, and psychological problems. For the analysis and comparisons, the author investigated frequency, urgency, incontinence, irritation and international prostate symptom score (I-PSS), past history, cystoscope, biochemical study, urine analysis, and urodynamic study in FAS & control groups.

Results:

1. The average age of FAS group was 56.0 years old and control group was 52.5 years old, showing no significant statistical difference between two groups. However, there was a significant statistical difference in the average frequency of nocturia between two groups, showing 3-4 times per night in FAS and 0-1 time per night in control group. FAS group showed significantly higher frequency, urgency, and irritation than control groups ($p < 0.005$).
2. In the average I-PSS, FAS group had significantly higher score of 22.9 10.9 than control group of 10.6 6.5 ($p < 0.001$). The control group had significantly higher quality of life due to urinary proble (QOL) value of 1.8 1.2 as compared to FAS group of 5.1 0.1 ($p < 0.005$).
3. In urodynamic study, significant difference was seen in compliance of bladder that shows the change of bladder capacity between FAS groups 12.9 15.1 and control group 20.2 8.2 ($p < 0.05$). In regard to the first desire, FAS group had 87.0 33.0cc while control groups had 124.1 122.9cc, showing significant difference ($p < 0.002$). In maximal bladder capacity and residual urinary, FAS group had 253.0 262.0, and 22.9 32.1 respectively while control group had 403.2 258.2 and 10.2 39.8, respectively ($p < 0.05$). In urodynamic study, 8 patients (33.3%) of 24 FAS group had detrusor instability and 12 patients (50%) had decreased bladder capacity while there was no uninhibited contraction and 3 (15%) of control group decrease bladder capacity in control

group.

4. There were no significant differences between FAS group and control group in biochemical study and urine analysis.

Conclusions:

There were significant differences between FAS group and control group in regard to lower urinary tract symptom and I-PSS, QOL, maximal bladder capacity, compliance, first desire, and residual urine in urodynamic study. The above results suggest that FAS could be considered as independent syndrome.

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