

PATIENTS UNDERSTANDING OF LUTS: A NEW QUESTIONNAIRE

Hypothesis / aims of study

Collecting patient's lower urinary tract symptoms (LUTS) is very important to aid clinical diagnosis and subsequent management. However patients often describe symptoms that do not correspond to the effective urodynamic diagnosis. It has been reported that LUTS identify fewer than half of patients with urodynamic stress incontinence or detrusor overactivity⁽¹⁾. Aim of this study was to evaluate by a questionnaire patients understanding of LUTS.

Study design, materials and methods

We formulated a multiple-choice questionnaire that tested patients knowledge of the meaning of most common lower urinary tract symptoms (urinary stress incontinence, urge incontinence, frequency, urgency, nocturia and hesitancy). For each definition, corresponding to ICS standardisation of terminology report⁽²⁾, we give five possible answers and we asked women to choose the most likely explanation. Finally we compared the answers with the urodynamic diagnosis.

Results

We interviewed 50 women from November 2006 to February 2007. Mean age was 56.2 years (range 31-81). 20 patients (40%) had only primary school instruction while 30 (60%) had higher instruction (secondary school/degree). Right answers varied from 36% to 74%, with a mean of 53% (Table 1). There is not any statistically significant correlation between right answers and mean age or instruction level.

<u>Question</u>	<u>Right answer</u>	<u>Wrong answer</u>
SUI	22/50 (44%)	28/50 (56%)
Urge inc	25/50 (50%)	25/50 (50%)
Frequency	18/50 (36%)	32/50 (64%)
Urgency	34/50 (68%)	16/50 (32%)
Nocturia	37/50 (74%)	13/50 (26%)
Hesitancy	23/50 (46%)	27/50 (54%)

Table 1 – Answers to questionnaire

Considering wrong answers, 20% of women defined *SUI* as "losing urine when I'm worried"; 27% defined *urge incontinence* as "losing urine when bladder is full"; 16% described *frequency* as "passing urine 4-6 times a day"; 16% described *urgency* as "passing urine very quickly"; 18% defined *nocturia* as "losing urine when you are asleep"; *hesitancy* is described as "losing urine immediately after finishing passing urine" by 24% of patients.

At the end we compared urodynamics results to questionnaire's answers. Only 28 women on 50 (56%) correctly answered to the questions related to their urodynamic diagnosis (Table 2).

Urodynamic diagnosis		Patients who correctly answered to questions related to their pathology
SUI	14 (28%)	7 (50%)
Urge incontinence	3 (6%)	3 (100%)
Mixed incontinence	11 (22%)	7 (63,6%)
Detrusor overactivity	18 (36%)	11 (61,1%)
Normal study	4 (8%)
Total	50 (100%)	28/50 (56%)

Table 2 – Correlation urodynamic diagnosis/right answers.

Interpretation of results

Only 50% of patients with LUTS is able to correctly report their symptoms, because they do not understand the meaning of medical terminology. Clinicians need to use simple words when speaking to patients and they have to lead accurate interviews with specific questions, in order to avoid misdiagnosis.

Concluding message

LUT's symptom collection have to be accurate and precise, because 50% of patients do not understand medical terminology used to describe their pathology.

References

1. Jackson S. 1997

The patient with an overactive bladder-symptoms and quality of life issues. ; Jackson S. ; Urology. 1997

2. Abrams P. et al. 2003

The standardisation of terminology in lower urinary tract function : report from the standardisation sub-committee of the International Continence Society . Urology 2003

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HUMAN SUBJECTS: This study was approved by the Ospedale Mauriziano Ethic Committee and followed the Declaration of Helsinki Informed consent was obtained from the patients.

