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THE SCOPE OF CLINICAL ASSESSMENT BY THE ICIQ-MLUTS QUESTIONNAIRE AS COMPARED WITH THE IPSS QUESTIONNAIRE.

Hypothesis / aims of study

The International Prostate symptom score (IPSS) with quality of life questionnaire continues to be the most commonly used tool to assess Lower Urinary tract symptoms(LUTS) in men, in the clinical setting. In more recent years the International consultation on Incontinence modular questionnaire (ICIQ) has been developed to standardise assessment in lower pelvic dysfunction. Several studies have already demonstrated the validity, reliability and acceptability of this questionnaire.[1] The aim of this study was to compare and contrast the effectiveness in detecting LUTS, between the ICIQ- MLUTS (Male lower urinary tract symptoms) questionnaire and the IPSS questionnaire, and hence to inform what the best practice is regarding the evaluation of LUTS.

Study design, materials and methods

117 men, between 31 and 88 years of age (Mean age 68 years) attended our flow clinic between 16/05/2005 and 19/09/2005. All of them completed both the IPSS and the ICIQ MLUTS questionnaires in the out patient clinic. The scores obtained from both questionnaires were then compared using STATA statistical analysis package.

Results

All the patients completed the IPSS questionnaire, while 7 (6%) out of 117, ICIQ-MLUTS questionnaires, were partially complete. Each variable in the IPSS questionnaire was compared with the corresponding variable in the ICIQ-MLUTS questionnaire, using the Spearman test and the Kendall Tau –b test.

	Incomplete Emptying	Increased Daytime Frequency	Intermittency	Urgency	Weak Stream	Straining	Nocturia
Spearman	0.78	0.43	0.78	0.71	0.81	0.66	0.73
K-Tau b	0.68	0.37	0.70	0.62	0.72	0.81	0.69

This shows that all the variables in the IPSS showed good correlation with the corresponding variables in the ICIQ-MLUTS, except for increased daytime frequency which had only a moderately good correlation.
The frequency of the individual symptoms which were reported, were as follows;

% of patients complaining of	ICIQ	IPSS
Nocturia	88	95
Increased daytime frequency	88	91
Slow stream	85	83
Urgency	85	77
Incomplete emptying	74	70
Intermittent stream	80	68
Straining	68	47

The three most commonly reported symptoms were nocturia, increased daytime frequency and slow stream. Z-test showed that there was no statistically significant difference between corresponding variables in either group.
In addition to the above symptoms, the symptoms picked up by the ICIQ-MLUTS were;

Symptom	Number of patients complaining	% of patients
Hesitancy	94	80
Urge urinary incontinence	69	59
Post micturition Dribbling	69	59
Unexplained Incontinence	25	21
Stress urinary incontinence	21	18
Enuresis	17	15

The bother score of all the variables in the ICIQ-MLUTS were independently compared with the Quality of life question in the IPSS questionnaire, using the Kendall tau b test. All the variables showed moderate to good correlation except for Post micturition dribbling, unexplained incontinence, stress urinary incontinence and enuresis which showed poor correlation. The P value for Post micturition dribbling was < 0.05, showing that this was statistically significant, while that for enuresis and stress urinary incontinence was > 0.05, showing that it was not statistically significant. This was probably because of the small number of patients who complained of these symptoms.

Interpretation of results

From the above results we were able to establish that six out of the seven variables, which are assessed in the IPSS questionnaire, show good correlation with the corresponding variables in the ICIQ questionnaire. There is a moderately

good correlation between increased daytime frequencies in the two questionnaires. The IPSS questionnaire failed to pick up hesitancy, urge urinary incontinence, post micturition dribbling, unexplained incontinence, stress urinary incontinence and enuresis. The bother scores of hesitancy and urge urinary incontinence, recorded by the ICIQ MLUTS questionnaire, showed good correlation with the quality of life index in the IPSS. Post micturition dribbling did not have any correlation.

Concluding message

When using the IPSS, missing the symptoms of hesitancy and urge urinary incontinence, may significantly affect the management, and hence affect the ultimate outcome for the patient. These symptoms are detected by the ICIQ-MLUTS questionnaire. In addition, the ability to be to assess bother associated with individual symptoms using the ICIQ-MLUTS enables treatment to be targeted to the individual and enables a more patient-centered approach to the assessment of male lower urinary tract symptoms.
The only advantage of the IPSS questionnaire is that it is shorter and hence slightly easier to complete. A very small percentage (6%) did not fully complete the ICIQ-MLUTS questionnaire. This may have been because of the length of the questionnaire.

References
1. J Urol (2006) 175; 1063-1066

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