

Bladder-related quality of life was comparable in women and men with well-managed NLUTD.

Urinary incontinence - not sex - was associated with greater burden.

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Background

- Management of neurogenic lower urinary tract dysfunction (NLUTD) aims to protect the upper urinary tract, ensure effective bladder emptying and maintain continence.
- The Qualiveen Short-Form (SF) is a validated questionnaire for bladder-related quality of life with higher score indicating a greater negative impact on quality of life.



Aim

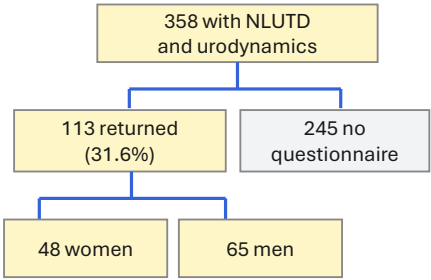
To examine sex-specific differences in bladder-related quality of life in persons with NLUTD.



Methods

- Cross-sectional analysis at a specialized spinal cord injury center.
- Qualiveen SF questionnaires returned September 2025 - January 2026 (5 months) were analyzed with routine clinical data.
- Clinical data contained sex, age, voiding method, continence, urodynamics, urinary tract infections and medication.
- Treatment success and risk to the upper urinary tract were assessed.
- Regression analysis evaluated effects of sex, age, voiding method, continence, UTIs and treatment success on quality of life.

Study Cohort



Cohort summary

- n = 113
- Questionnaire return: 31.6%
- Age: women 60.9±12.4 y; men 54.9±16.9 y (p = 0.04)
- NLUTD duration: ≈22 y
- Treatment success: ≈77% both
- Upper tract risk: woman 8.3% vs men 12.3%

Results

1. Bladder-related quality of life

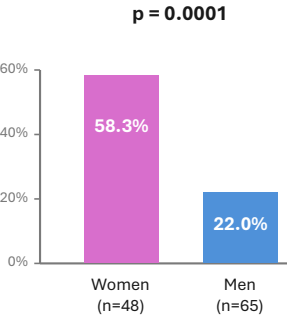


No sex-specific difference in total score or any subscale (p > 0.12)



Overall median: 1.1 (quartiles 0.6 / 1.8)
Highest subscale was frequency limitations with median 1.5 (quartiles 1.0 / 2.5)

2. Urinary incontinence



3. Incontinence was associated with greater QoL burden



Higher Qualiveen SF total score with urinary incontinence
p = 0.037

No significant effect of age, voiding method, urinary tract infections or treatment success on quality of life (p > 0.15).

Conclusion



No sex-specific differences in bladder-related quality of life were observed. Women were found to have substantially more urinary incontinence, still quality of life remained comparable to men. Incontinence was associated with greater burden.

NLUTD management should be individually tailored with emphasis on urinary incontinence.