

- Severe COVID-19 (functional impairment, dyspnea) were linked to higher LUTS burden.
- 36% of patients had moderate–severe LUTS at 3-year follow-up.
- Nocturia (56%) and urgency (24%) were the most frequent symptoms.
- Long-term, multidisciplinary follow-up is essential for post-COVID patients.

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POST-COVID-19 LOWER URINARY TRACT SYMPTOMS: A LONG-TERM COHORT STUDY

Methods:

- Prospective cohort study
- Adults ≥18 years hospitalized for COVID-19 (first wave, 2020)
- Comparisons - IPSS across prespecified subgroups:
 - PCFS (Functional limitation): Minimal vs Moderate–Severe
 - FIM (Functional Independence Measure): Independence vs dependency
 - Dyspnea: Low vs High
 - Diabetes
 - Hypertension:
- ISS assessment: 3 years post-discharge
- Collected: demographics (age, sex, comorbidities), LUTS (IPSS, ICIQ-SF), functional status (PCFS, MIF, mMRC)

Figure 1. Clinical characteristics

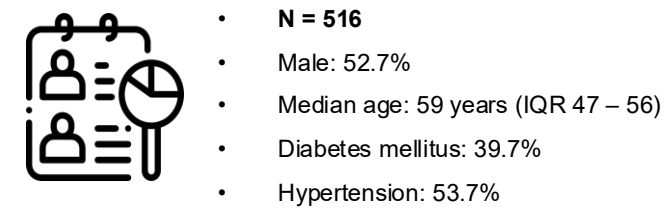


Table 1. Urinary symptoms reported 3 years after COVID-19

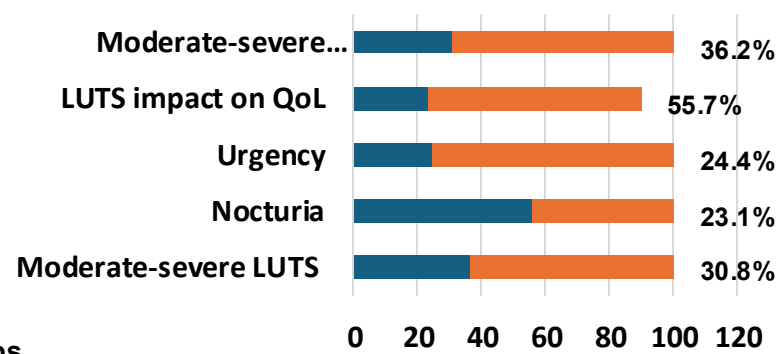


Table 2. Comparison of IPSS across functional and clinical groups

Group comparisson	Group 1	IPSS Median [IQR]	Group 2	IPSS Media [IQR]	p-value
PCFS score	Minimal limitation (n = 386)	4 [1 – 9]	Moderate to severe limitation (n = 130)	7.5 [3 – 15]	< 0.05
MIF score	Complete Independence (n = 496)	4 [2 – 10]	Mild to severe dependence (n = 20)	10 [4 – 22.5]	< 0.05
mMRC score	Low dyspnea (n = 331)	4 [1 – 8]	High dyspnea (n = 185)	6 [3 – 14]	< 0.05
Diabetes	No (n = 311)	4 [1.5 – 10]	Yes (n = 205)	5 [2 – 11]	0.14
Hypertension	No (n = 239)	5 [2 – 10]	Yes (n = 277)	5 [2 – 10]	0.14