

Relationship between lower urinary tract symptoms and disease activity among women with systemic lupus erythematosus

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Background

Bladder involvement in the disease course of systemic lupus erythematosus (SLE) is uncommon; it has been shown that patients with SLE have lower urinary tract symptoms (LUTS) than the general population. This study aimed to identify LUTS and the relationship between LUTS and disease activity among women with SLE.

Characteristics		n (%)
UI		57 (51.8)
	Stress UI	37 (33.6)
	Urge UI	2 (1.8)
	Mixed UI	18 (16.4)
Continence		53 (48.2)
UI frequency	Less than once monthly	25 (22.7)
	One or several times monthly	19 (17.3)
	One or several times weekly	9 (8.2)
	Daily and/or nightly	4 (3.6)
(Frequency of experiencing UI)		53 (48.2)
None		53 (48.2)

Methods

This cross-sectional study used structured self-administered questionnaires. We recruited 110 women with SLE from the outpatient clinic of a university hospital. LUTS was assessed using the International Prostate Symptom Score (IPSS), and disease activity was assessed using the Systemic Lupus Activity Questionnaire (SLAQ).

Results

The mean LUTS score was 7.75 ± 5.74 (range 0–35). LUTS were positively correlated with the disease activity of SLE ($r=.48$, $p<.001$).

Characteristics	Categories	Lower urinary tract symptoms		
		Mean \pm SD	t or F	p
Age (years)	≤ 50	7.64 ± 6.08	-0.29	.772
	>50	7.97 ± 5.11		
Education level	High school or below	7.96 ± 0.11	0.34	.734
	College or higher other tertiary education	7.58 ± 4.75		
Living arrangements	No spouse	7.08 ± 5.06	-0.94	.350
	Lives with spouse	8.14 ± 6.09		
Job	Yes	8.11 ± 6.74	0.63	.527
	No	7.40 ± 5.57		
Alcohol intake	No	8.13 ± 6.67	0.77	.442
	Yes	7.24 ± 5.66		
Smoking	No	7.30 ± 5.12	-1.88	.085
	Yes	12.00 ± 8.50		
Body mass index (kg/m ²)	<25	7.73 ± 5.97	-0.08	.937
	≥ 25	7.83 ± 5.13		
Duration of disease (months)	≤ 120	7.29 ± 5.51	-0.77	.445
	>120	8.13 ± 6.76		
Comorbid diseases	No	6.91 ± 5.73	-1.58	.117
	Yes	8.66 ± 6.79		

Implication

The prevalence of UI was high, and LUTS was predominant. Therefore, regular assessment and appropriate management of UI and LUTS among SLE women are necessary, and it is also essential to keep the disease activity of SLE at a low level because of a positive relationship between disease activity and LUTS.