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CORE LOWER URINARY TRACT SYMPTOM SCORE IN PATIENTS WITH PELVIC ORGAN PROLAPSE

Hypothesis / aims of study

Core lower urinary tract symptom score (CLSS) is a questionnaire for various urinary tract symptom which contains 10 questions and one QOL evaluation. In the questionnaire the patient have to choose their worst three and the most bother item from questions [1] (Fig.1.).

From January 2014, we use CLSS in addition to international prostate symptom score (IPSS) and overactive bladder symptom score (OABSS) for the evaluation of lower urinary tract symptoms (LUTS) of pelvic organ prolapse (POP) at time of the first visit. We compared results of IPSS/OABSS with CLSS in the POP patient [1,2].

Study design, materials and methods

From January 2014 to April 2015, we experienced 167 new patients of POP. We examined rank correlation of Spearman in each correspondent item of IPSS/OABSS and CLSS. In addition, we divided patients to two groups according to their age (75 years old or more as late elderly versus 74 years old or younger as early elderly) and examined association of CLSS scores and age. Also we examined association of CLSS scores and disease severity of the POP, classifying Stage 3-4 as serious cases and Stage 0-2 as mild to moderate cases. Finally we analyzed the frequency of chosen item of CLSS as the most bother LUTS within the POP patients.

Results

Among 167 patients, the age ranged from 51 to 92 with a median of 71 years old. The late elderly was 64 and early elderly 103. In POP-Q Stage, 98 patients suffered Stage 3-4 and 69 Stage 0-2. In all of correspondent item of IPSS and CLSS/OABSS and CLSS, we identified a strong correlation except IPSS question 4 and CLSS question 3 with a weak correlation. CLSS question 2 (nocturia) was significantly frequent in late elderly group when compared
to early elderly (p=0.01) (Fig.2.). CLSS question 6 (slow urinary stream) and question 8 (a feeling of incomplete emptying) were significantly frequent in serious case group (p=0.005, p=0.001) (Fig.3.). Question 4 (urge incontinence) was the most frequently chosen item of CLSS as the most bother LUTS.

Interpretation of results

CLSS covered all IPSS/OABSS items, and results suggested CLSS is a useful tool for LUTS evaluation in POP patient. In addition, the results of CLSS reflected age and the disease severity.

Concluding message

CLSS is superior to IPSS/OABSS in the evaluation of POP patients.

Please circle the number that applies best to your urinary condition during the last week.

	0	1	2	3
Q1: How many times do you typically urinate from waking in the morning until going to sleep at night?	0–7	8–9	10–14	15+
Q2: How many times do you typically urinate from going to sleep at night until waking in the morning?	0	1	2–3	4+

How often do you have the following symptoms?	Never	Rarely	Sometimes	Often
Q3: A sudden strong desire to urinate, which is difficult to postpone	0	1	2	3
Q4: Leaking of urine because you cannot hold it in	0	1	2	3
Q5: Leaking of urine when you cough, sneeze, or strain	0	1	2	3
Q6: Slow urinary stream	0	1	2	3
Q7: Need to strain when urinating	0	1	2	3
Q8: Feeling of incomplete emptying of the bladder after passing urine	0	1	2	3
Q9: Pain in the bladder	0	1	2	3
Q10: Pain in the urethra	0	1	2	3

CLSS (Sum of Q1–10) _____

From symptoms 1–10, please circle the numbers corresponding to no more than three symptoms you find bothersome.

Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Not applicable

Of the symptoms you chose above, please circle the number of the symptoms that you find most bothersome (1 only).

Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Not applicable

If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?

Delighted	Pleased	Mostly satisfied	About equally satisfied and dissatisfied	Mostly dissatisfied	Unhappy	Terrible
0	1	2	3	4	5	6

Fig.1. Core Lower Urinary Tract Symptom Score (CLSS) Questionnaire.

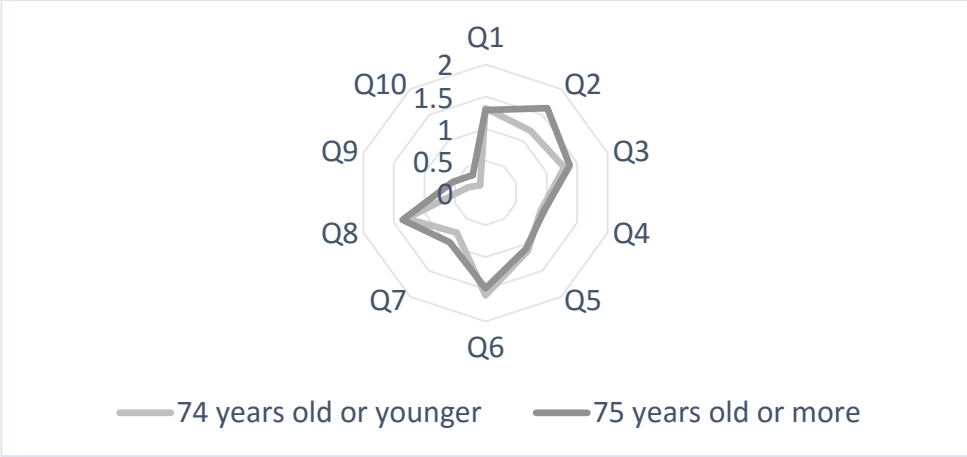

Fig.2. CLSS and age.

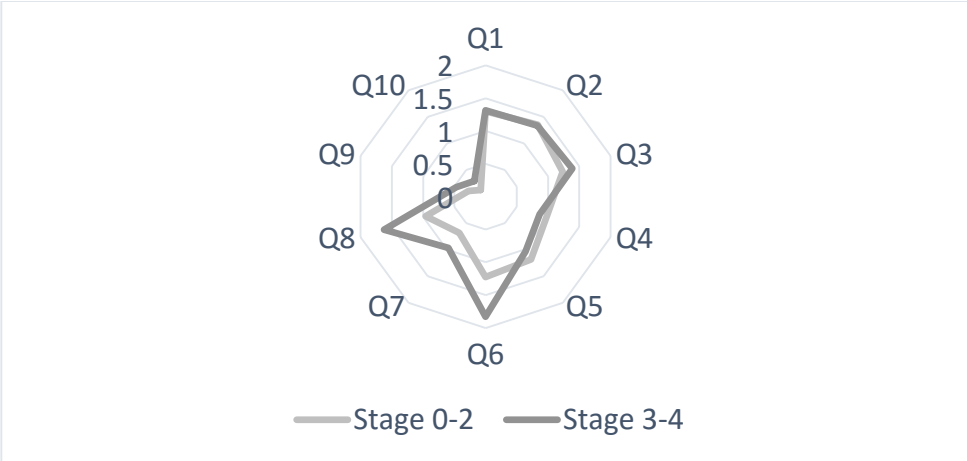

Fig.3. CLSS and POP stage.

References
1. Int J Urol 2008; 15: 816-20.
2. Low Urin Tract Symptoms 2016; 8: 5-29.

Disclosures
Funding: None. **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** The ethics committee and institutional review board of Nihon University School of Medicine. **Helsinki:** Yes **Informed Consent:** Yes