

COMPREHENSIVE EVALUATION OF LOWER URINARY TRACT SYMPTOMS IN PATIENTS WITH PELVIC ORGAN PROLAPSE

Hypothesis / aims of study

Core lower urinary tract symptom score (CLSS) is a questionnaire for various lower urinary tract symptoms (LUTS) which contains 10 questions and one QOL evaluation [1, 2]. In the questionnaire, the patient has to choose their worst three and the most bother item from questions. From January 2014, we use CLSS in addition to international prostate symptom score (IPSS) and overactive bladder symptom score (OABSS) for the evaluation of LUTS among patients with pelvic organ prolapse (POP) at time of the first visit. We evaluated results of CLSS in patients with POP.

Study design, materials and methods

From January 2014 to December 2015, we experienced 144 new patients of POP. 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) classifying Stage 3-4 as serious and Stage 1-2 as mild to moderate diseases. We examined association of CLSS scores and age, degree of POP and results in stress test. In addition, we analyzed the chosen item of CLSS as the most bother LUTS within the POP patients. Finally, we evaluated changes in CLSS scores following surgery.

Results

Among 144 patients, the age ranged from 51 to 92 with a median of 72 years old. The late elderly was 56 and early elderly 88. In POP-Q stage, 92 patients suffered Stage 3-4 and 52 Stage 1-2. Question 4 of CLSS (urge incontinence) was the most frequently chosen as the most bother LUTS. Question 2 of CLSS (nocturia) was significantly frequent in late elderly group when compared to early elderly ($p=0.0323$) (Fig.1). Question 6 of CLSS (slow stream) and question 8 (incomplete emptying) were significantly frequent in serious cases ($p=0.0171$ and $p=0.0006$) (Fig.2). Question 5 of CLSS (stress incontinence) positively represented the results of stress test with significance ($p<0.001$). Among all, 86 patients underwent surgery. After surgery, all domain of CLSS were improved especially in daytime frequency, urgency, slow stream and incomplete emptying (Fig.3).

Interpretation of results

Present 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.

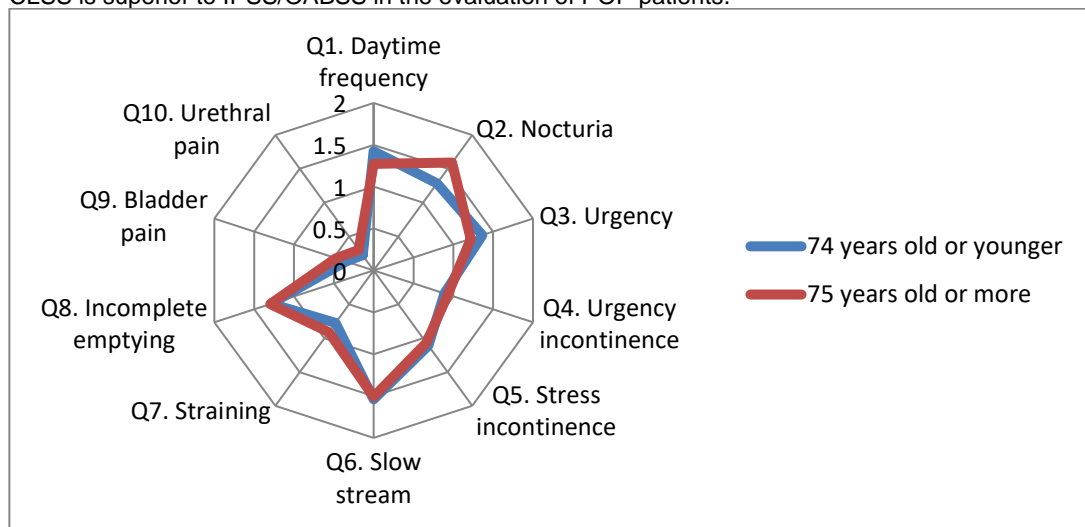


Fig.1 CLSS and Age

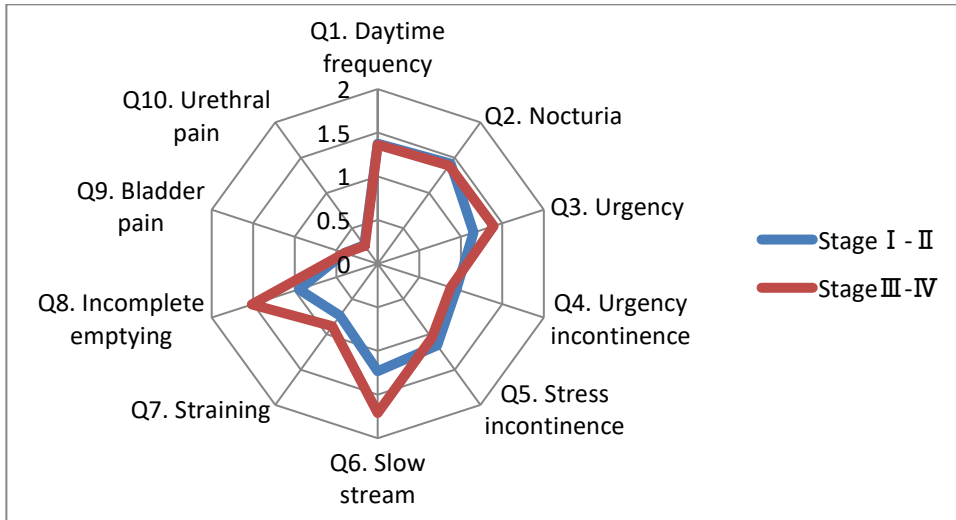


Fig.2 CLSS and POP-Q stage

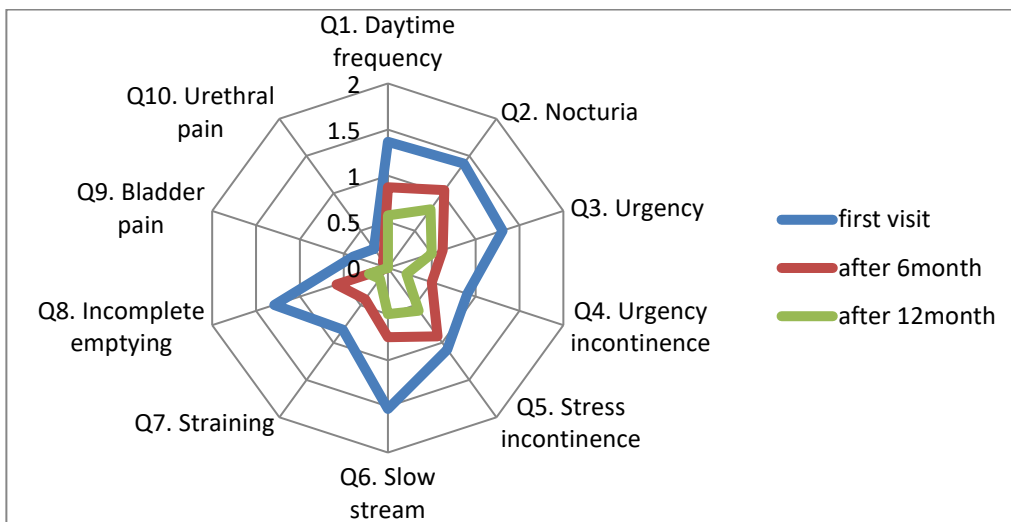


Fig.3 CLSS following surgery

References

1. Int J Urol 2008; 15: 816-820.
2. Int J Urol 2009; 16: 775-790.

Disclosures

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