International Continence Society August 22-26, 1999 29th Annual Meeting Denver, Colorado USA

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Abstract Reproduction Form B-1

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Title (type in CAPITAL LETTERS): ARE SYMPTOMS OF INCONTINENCE IN MEN RELIEVED BY TREATMENT?: DATA FROM THE CLasP RANDOMISED CONTROLLED TRIAL COMPARING TURP, LASER THERAPY AND CONSERVATIVE MANAGEMENT

AIMS OF STUDY

In 1998, data from the observational ICS-'BPH' study suggested that urge incontinence and post-micturition dribble in men might be ameliorable by TURP.[1] In this paper we investigate whether symptoms of incontinence among men are more effectively treated by TURP, laser therapy or conservative management in a multi-centre randomised controlled trial of treatments for bladder outlet obstruction.

METHODS

Men with uncomplicated lower urinary tract symptoms (i.e. no acute or chronic retention of urine) were randomised to laser therapy (non-contact, side-fire), TURP (standard surgery) or conservative management (monitoring without intervention) in a large multicentre pragmatic randomised controlled trial: the *CLasP* study. Symptoms of incontinence (urge-UI, stress-SI, miscellaneous-MI, nocturnal-NI and post-micturition dribble-PMD) were assessed by the ICS*male* questionnaire[2], with follow-up 7.5 months after randomisation. Analyses were by intention-to-treat. Frequency distributions were obtained for symptoms and Wilcoxon matched-pairs signed rank tests used to determine whether baseline and follow-up questionnaire items differed significantly. Proportional odds models were employed to compare treatment effectiveness between groups.

RESULTS

340 patients from three UK centres were randomised to: laser (117), TURP (117), conservative management (106). Baseline sociodemographic characteristics and I-PSS scores were similar. Table 1 shows that at baseline, symptoms of incontinence experienced at least occasionally were reported often for UI (46-56%) and PMD (68-77%), with other symptoms of incontinence somewhat less common: SI (16-26%), MI (17-30%) and NI (7-15%). Incontinence symptoms at baseline were extremely problematic for those who reported them: 87% of those with UI found it at least 'a bit of a problem', 77% with SI, 85% MI, 86% PMD and 81% NI. Table 1 shows the proportion at follow up reporting incontinence at least occasionally, with UI and PMD highly statistically significantly better at follow-up than baseline amongst those randomised to TURP or laser. SI was also improved amongst those receiving invasive treatment (particularly laser). Incontinence did not change significantly for those randomised to conservative management. Incontinence symptoms at follow-up were still problematic but less so than at baseline: 77% with UI found it a problem, 61% with SI, 75% MI, 73% PMD and 93% NI (small numbers).

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Table 1. Percentage reporting symptom present at least 'occasionally' at baseline and follow-up

	TURP (n=117)		Laser (n=117)		CM (n=106)	
Symptom	Before	After	Before	After	Before	After
Urge I	46	27*	56	36*	56	45
Stress I	16	14	26	12*	16	22
Misc. I	21	17	30	18	25	17
PMD	68	49*	76	49*	77	67
Noct.I	9	3	7	2	15	11

*statistically significant ($p<0.01$)

Proportional odds models adjusting for baseline and centre indicated that TURP and laser therapy were both significantly more effective than conservative management in the relief of UI and PMD: TURP (UI: odds ratio 0.44, 95% CI 0.21 to 0.90; PMD: 0.27, 0.14 to 0.53); laser therapy (UI: odds ratio 0.47, 95% CI 0.24 to 0.93; PMD: 0.22, 0.12 to 0.42). Laser therapy was also significantly more effective than conservative management in the relief of SI (odds ratio 0.29, 95% CI 0.11 to 0.76). There were no statistically significant differences between TURP and laser.

CONCLUSIONS

Symptoms of incontinence (particularly UI and PMD) are commonly reported by men with LUTS/BOO and are very bothersome (see also[3]), yet they are rarely the subject of investigation and are not included in the most commonly used symptom score, the I-PSS.[4] Treatments for LUTS/BOO are rarely given to relieve symptoms of incontinence, but this study shows that both UI and PMD were significantly improved following TURP and laser therapy but not conservative management. Clinicians treating men who report problematic UI and/or PMD should consider surgical therapy to improve these symptoms.

1. Neurourology and Urodynamics, 1998; 17 (4): 363-5.
2. British Journal of Urology, 1996; 77: 554-562
3. Journal of Urology, 1997; 157: 885-889
4. Proceedings, WHO International Consultation on BPH, 1993.