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QUALITY OF LIFE AND BOTHER IN ITALIAN WOMEN AFFECTED BY LUTS: THE FLOW STUDY

Hypothesis / aims of study

LUTS (Lower Urinary Tract Symptoms) represent a distressing and disabling condition that can decrease life quality substantially. In particular, urinary incontinence affects the social, psychological, occupational, domestic, physical and sexual lives of 15% to 30% of woman of all ages [1].

During the FLOW study (Female LUTS: Observational study in Women) we investigated Quality of Life (QoL) and bothersomeness in a large sample of Italian women suffering from LUTS. There are few Italian validated questionnaires which can be used to assess both QoL and symptoms' severity from women perspective. We decided to validate in a pilot study and consequently use two disease-specific questionnaires and a generic QoL questionnaire.

Study design, materials and methods

Women aged ≥ 18 years with ≥ 3 months LUTS and negative dipstick were consecutively enrolled in 39 Urology Centres widely distributed throughout Italy. They underwent a urological visit according to the routine procedures used at each centre. The only additional procedure prescribed by the protocol was the self-administration of two newly translated standardized instruments focusing on qualitative and quantitative evaluation of LUTS and their relative impact on QoL and bother: ICIQ-LF (The long form of ICI Female questionnaire) and W-IPSS (Women IPSS), The latter is an Italian validated version of IPSS adapted for women, where the QoL single question refers to urinary symptoms generically, instead of the specific reference to prostatic disease of the original IPSS. SF-36, a non disease-specific questionnaire on QoL, was self-rated too

Results

The results concern to data collected at the baseline visit, where 934 patients were consecutively enrolled; patients who compiled ICIQ-LF were 848 (99.6%). The most common symptoms reported were: day-time frequency (86% of patients), urgency (83%), night time frequency (80%), urinary incontinence (68%) and, feeling of incomplete emptying (61%). The mean score for the impact of urinary symptoms on QoL in a scale of 0 (best QoL) to 10 (worse QoL) was 5.7 (+ 3.1).

As for urinary incontinence, multiple daily UI episodes were complained by 22% of patients. Urinary incontinence affected house-hold jobs, life outside the house and job/employment in 60%, 65% and 69% of cases, respectively. The impact on QoL was evident by the high percentage of patients who worried whether there were toilets when they went to a place they were not familiar with (78%), or of whom cut down on the amount they drank and avoided traveling because of urinary leakage (47% and 40% respectively). The impact of urinary incontinence on emotional aspects was so reported: 62% of women felt anxious or nervous, 48% frustrated, and 56% depressed. However a high emotional impact (very frustrated, very depressed, etc) was generally observed in 6-7% of cases only. Finally, women felt embarrassed because of incontinence in 63% of cases, one-fifth of whom felt very embarrassed. In 47% of patients the incontinence decreased the joy in living.

For all the symptoms assessed by ICIQ-LF questionnaire, the relationship between the degree of symptoms' severity and bother mean score was linear, implying that bother level increased when symptom severity increased too (Fig. 1).

As concerns W-IPSS, 792 (92.2%) patients fully compiled the questionnaire. The most common symptoms were day-time frequency (82% of patients), night time frequency (83%), urgency (75%), feeling of incomplete emptying (67%). If patients had to spend the rest of life with current urinary condition, 41% of them would feel mostly dissatisfied.

Women who compiled SF-36 were 860 (95.3%); the compliance obtained for questionnaire's domains (Physical Function, Role-Physical, Body Pain, General Health, Vitality, Social

Functioning, Role Emotional and Mental Health) was always higher than 90%. The health status was the same as one year ago in 44.7% of patients, or a little worse in 33.3%.

Interpretation of results

On the whole, compliance associated to questionnaires is very satisfactory, since it is always greater than 90% and, particularly, as concerns ICIQ-LF, that is a complex and long questionnaire. W-IPSS compliance is slightly lower, because only the women who entirely compiled the questionnaire were considered.

The ranks of symptoms collected through W-IPSS e ICIQ-LF are similar, meaning a good consistency between both questionnaires. Also QoL scores are quite similar and show generally dissatisfied patients. This was observed also by using a non-disease specific questionnaire, such as SF-36.

Although absolute QoL scores do not show a very bad QoL, bother increases in agreement to symptoms' severity.

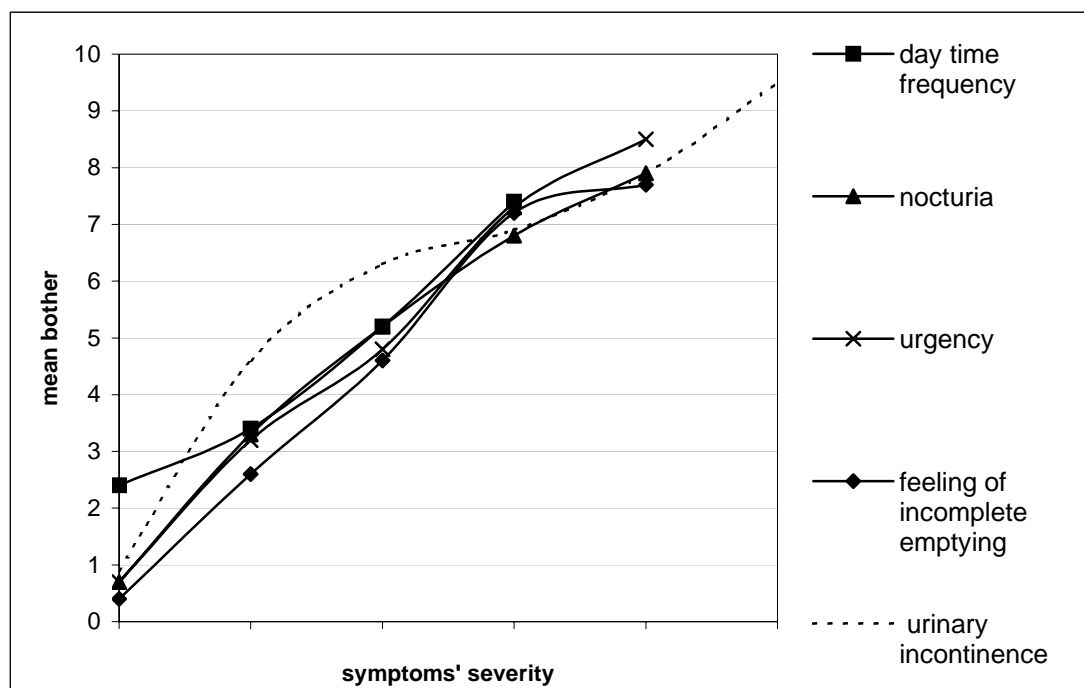
Concluding message

Currently, the FLOW study is ongoing with the 12-months follow up visit. Comparison of baseline with follow-up data will allow to evaluating any changes in quality of life, particularly as regards SF-36 questionnaire.

References

¹ Prevalence of urinary incontinence, *BMJ* 1980, 281:1243-1245.

Fig. 1. Mean bother versus symptoms' severity for the most frequent LUTS as assessed by ICIQ-LF



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