

STORAGE AND OTHER LUT DISORDER: PREVALENCE AND SERVICE INTEGRATION

Hypothesis / aims of study

Policy developments in the UK include a new integrated continence service, due to come into operation in 2004. Recent ICS guidance describes incontinence as one of several storage symptoms, distinct from voiding. This, together with changes in the attribution of 'irritative' symptoms in men and voiding symptoms in women, may have implications for future service integration. Uncertainty about the extent of associated health care need and requirement for storage disorder has recently been clarified. (1) This paper aims to describe the prevalence of storage, voiding and post-micturition symptoms, and the overlap between them, to inform further development of seamless services.

Study design, materials and methods

A cross-sectional study involving registrants with 108 general practices in the UK. 162,533 people aged over 40 were approached by postal questionnaire, with a response rate of 60%. 1050 non-responders were followed up and showed little evidence of bias in relation to symptom prevalence. Measures included validated storage symptoms (stress and urge incontinence, urgency, frequency or nocturia) (2) plus standard voiding symptoms (slow stream, intermittency, hesitancy or straining) and post-micturition symptoms (post-micturition dribble or incomplete emptying). Thresholds for storage disorder were based on clinical judgement informed by uptake and responsiveness in relation to a nurse-led service.(3) Thresholds for voiding and post-micturition disorder were defined as monthly or more, comparable with clinically significant incontinence and urgency.

Results

Prevalences were: storage disorder 28.6%, voiding disorder 16.1% and post-micturition disorder 16.7%. Among those with storage disorder 58% were incontinent. People with storage disorder included 65% of those with voiding disorder and 75% of those with post-micturition disorder. Isolated post-micturition symptoms were uncommon (<2% prevalence). Among persons with storage disorder, voiding was associated more with wet than dry symptoms (odds ratio 1.6, 95% confidence interval 1.55-1.65). Women experienced higher prevalence of storage disorder than men but lower prevalence of voiding disorder. (Fig) Storage disorder identified a larger proportion of those with voiding disorder in women compared to men.

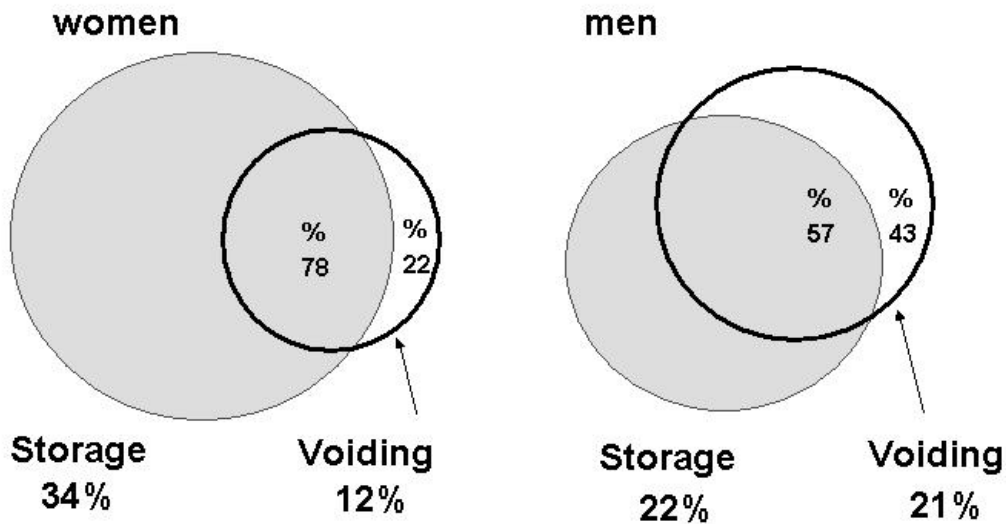
Interpretation of results

Extension of the focus from incontinence to storage disorder alters the proportion of people identified with voiding disorder from 44% to 65%. Among those with storage disorder, people with voiding disorder were more likely to be incontinent. In the light of the ICS recommendations on symptom groupings these results call into question the rationale for choosing incontinence as the focus for integrating services. From the perspective of service planning, the precise extent of overlap is dependent upon the thresholds used. The level of clinically significant voiding and post-micturition disorder has not been established in terms of likely uptake and responsiveness to service intervention.

Concluding message

The recognition that significant morbidity due to storage disorder does not involve incontinence alters the orientation for future service integration. There is extensive overlap between clinically significant storage disorder and voiding and post-micturition symptoms of similar frequency. The extent and nature of the overlap between storage and voiding disorders in particular suggests it may be more efficient and coherent to integrate services around the lower urinary tract as a whole rather than incontinence or storage disorder alone.

Symptom group: prevalence and overlap



References

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