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LOWER URINARY TRACT SYMPTOMS AND QUALITY OF LIFE IN ITALIAN WOMEN: A ONE-YEAR FOLLOW-UP STUDY

Hypothesis / aims of study

Lower urinary tract symptoms (LUTS) are quite common among women of all ages. Different studies show a relationship between the presence of LUTS and a worsening in patients' quality of life. The objective of this follow-up study was to re-evaluate LUTS after one year from baseline assessing incidence, remission, and persistency rates, in correlation with patients' quality of life (QoL) and bother.

Study design, materials and methods

Women aged ≥ 18 years, not pregnant, with LUTS for ≥ 3 months and negative dipstick were consecutively enrolled in 39 Urology Centres widely distributed throughout Italy, and followed during two years.

At each visit, a qualitative and quantitative evaluation of LUTS and their relative impact on QoL and bother was performed. Patients filled-in two disease-specific validated questionnaires: the ICIQ-LF (The long form of ICI Female questionnaire) and the W-IPSS (Women IPSS, where the QoL single question refers to urinary symptoms generically). A difference between the questionnaires' scores at baseline and follow-up visits was calculated in order to assess worsening or improvements of QoL (negative vs. positive difference, respectively).

Results

550 patients are evaluable. The most prevalent symptoms at one -year follow up were: storage symptoms (80%) followed by voiding and post-micturition symptoms (44%, 37% respectively). With respect to baseline the relative prevalence of all symptoms considered above decreased (baseline prevalence: 96% -storage, 59%-emptying, 57%-post-micturition). At follow up the highest prevalence of associated symptoms was the same as baseline, i.e. the storage-emptying combination with a 39% combined prevalence rate, decreased from the original 97% observed at baseline. Sixty-six percent of women who complained daytime frequency at baseline still reported it at one -year distance. Daytime frequency ceased in 33% of the patients.

A similar trend was found for women suffering from night-time frequency at first visit (66% persistency Vs 34% cessation) and for all subtypes of storage symptoms studied. Similar results were shown also for the majority of emptying and post-micturition symptoms except hesitancy and post-micturition dribble: in these cases the remission rates were higher (53%; 59%) than persistency (47%; 41%). Urinary incontinence symptoms regressed in 32% of the women. Urge incontinence (UUI) showed the highest percentage of symptom cessation of all kind of UI. Surprisingly at follow up in a large proportion of women, all pain symptoms subtypes (pelvic, urethral and bladder) disappeared (61.4%, 61%, 52%). Incidence rates for all evaluated LUTS are lower than remission and persistency rates. The highest incidence rates were recorded for: nocturia (25%), night/day time frequency and urgency (16% each), UI (14.5%) and feeling of incomplete voiding (12%).

An overall decreased impact on QoL from baseline to follow up equal to a score differential of -1.92 pts. (3.36) as measured by the mean (SD) variation score of the self-administrated ICIQ-LF questionnaire was observed. Symptoms, presenting with the maximum decrease in degree of bother, were: storage (mean=-1.64) followed by pain (mean=-1.50), post-micturition (mean=-1.20) and voiding (mean=-0.75). For urinary incontinence, impact on social life and QoL was reported by a decreased number of women at follow up visit compared to baseline. The mean variation in QoL scores for each symptom was calculated by W-IPSS questionnaire results, as well as symptoms regression, persistency and incidence rates. For all symptoms, the improvement in QoL (intended as a positive mean score calculated as a difference between baseline and follow up visit) was higher with higher remission rates and with lower persistency and incidence rates. Nevertheless a positive score in all groups was found. A negative average in variation of W-IPSS symptom score (representative of a worsening in

symptom severity) was observed in almost all women with onset of a new LUTS at follow up with respect to baseline (i.e. day-time frequency=-1.25(5.90); slow stream=-2.70 (6.37); pelvic pain=-2.93 (9.42)).

Interpretation of results

In general, LUTS prevalence tended to decrease during the 12 months following baseline evaluation. The relation between LUTS and quality of life changed over time and comparable levels of symptom severity at baseline and follow up were associated with a better quality of life after 12 months. A possible interpretation of such counter-intuitive outcome is that patients tend to adapt to their symptoms over time and become gradually less bothered by them. Symptoms with a higher percentage of remission rates were all pain subtypes, hesitancy and post-micturition dribble.

The observed decrease in patient self-reported symptoms in ICIQ-LF and W-IPSS questionnaires was confirmed through the patient history recorded by the investigator.

Concluding message

The most prevalent symptom registered at baseline and follow up visits was day-time frequency which presented also one of the highest incidence rates after 12 months of observation. Prevalence of LUTS tends to decrease over a one -year follow-up period and quality of life improves. Further analysis of LUTS prevalence and QoL will be repeated 24 months after baseline evaluation.

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