

WHAT DO PATIENTS UNDERSTAND BY LOWER URINARY TRACT SYMPTOMS?

Hypothesis / aims of study

'The bladder is an unreliable witness and symptom assessment is diagnostically disappointing.' [1]. Determining a patient's symptoms are important to aid clinical diagnosis and management [2]. However, lower urinary tract symptoms identify fewer than half of patients with urodynamic stress incontinence or detrusor overactivity. If patients do not understand medical terminology relating to lower urinary tract symptoms (LUTS), this could lead to confusion about the symptoms the patient actually has. Healthcare professionals may then misdiagnose the problem patients are suffering from and this could lead to inappropriate treatment.

Patient understanding of LUTS definitions has not been explored. The aim of this study was to determine patient understanding of LUTS.

Study design, materials and methods

Women attending urodynamic clinics were asked to fill in a multiple-choice questionnaire. The questionnaire tested knowledge on the meaning of six lower urinary tract symptoms: stress urinary incontinence, urge urinary incontinence, frequency, urgency, nocturia and hesitancy.

The women were given five possible explanations for the meaning of each symptom. They were then asked to star the most likely explanation and ring any other possible explanations.

The correct symptom definition was defined in the ICS standardisation terminology report[2]. The urodynamic diagnosis for each woman was also recorded.

Results

50 women were recruited to the study. 7 women had urodynamic stress incontinence (USI), 10 had detrusor overactivity (DO), 10 had painful bladder syndrome (PBS), 9 had detrusor overactivity and urodynamic stress incontinence (MUI) and 10 women had normal studies (NUDS). 4 questionnaires did not have a urodynamic diagnosis stated on the questionnaire.

Symptom	Definition right (%)	Definition wrong (%)	Unsure of definition (%)
Stress urinary incontinence	19 (37.5)	13 (25)	19 (37.5)
Urge urinary incontinence	28 (55)	21 (41)	2 (4)
Frequency	11 (21)	32 (63)	8 (16)
Urgency	29 (57)	18 (36)	4 (8)
Nocturia	30 (59)	9 (18)	12 (23)
Hesitancy	14 (27)	32 (63)	5 (10)

Table 1: Results of the questionnaire where women were asked to define the correct definition for each lower urinary tract symptom. Values are given as patient numbers and percentages.

24% of women defined stress urinary incontinence as a strong desire to pass urine and 14% as leakage when you are worried. 18% defined urge urinary incontinence as leakage when you sneeze or cough. 24% defined frequency as passing urine more than 11 times a day. 14% described urgency as passing urine very quickly. 22% defined nocturia as passing urine whilst asleep. Hesitancy was described as losing urine immediately after finishing passing urine, or not knowing if you need to pass urine by 8% of women.

Urodynamic diagnosis	USI (%)	DO (%)	MUI (%)	NUDS (%)	Not stated (%)
Stress urinary incontinence	14	40	56	50	50
Urge urinary incontinence	14	60	67	70	80
Frequency	71	70	44	80	70
Urgency	29	70	67	70	80
Nocturia	71	80	67	50	70
Hesitancy	0	0	22	60	60

Table 2 shows the percentage of patient who correctly identified symptom definitions according to their urodynamic diagnosis.

Interpretation of results

The medical terminology used by clinicians when describing lower urinary tract symptoms is poorly understood and misinterpreted by many patients. This is worrying that a significant proportion of women do not know what these symptoms refer to and this can lead to significant problems in diagnosis and management.

Concluding message

Clinicians need to define lower urinary tract symptoms when speaking to patients, as most patients do not know the correct definitions. The use of LUTS terminology can produce a great deal of confusion for patients as they do not understand the meaning of most terms.

Our findings show that not explaining symptoms could produce confusion for patients and symptomatic misdiagnosis.

References

1. Jackson S. The patient with an overactive bladder--symptoms and quality-of-life issues. *Urology*. 1997 Dec;50(6A Suppl):18-22; discussion 23-4.
2. Abrams P, et al. The standardisation of terminology in lower urinary tract function: report from the standardisation sub-committee of the International Continence Society. *Urology* 2003; 61(1):37-49.

FUNDING: NONE

DISCLOSURES: NONE

HUMAN SUBJECTS: This study was approved by the St Mary's ethics committee and followed the Declaration of Helsinki Informed consent was obtained from the patients.