

EVOLUTION AND QOL IMPACT OF LUTS IN WOMEN FOLLOWED AT UROLOGY CENTERS IN ITALY: 2-YEARS FOLLOW-UP OF THE FLOW STUDY

Hypothesis / aims of study

LUTS are associated with a reduced Quality of Life (QoL) both in men and women, and the need for population-based epidemiological data is well recognized.

The objective of this follow-up study was to re-evaluate LUTS after two years from baseline assessing symptoms' modifications, the related impact on quality of life 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 a disease-specific validated questionnaires, the ICIQ-LF (the long form of ICI Female questionnaire). A difference between the questionnaire's scores at baseline and follow-up visits was calculated in order to assess worsening or improvements of QoL (negative vs. positive difference, respectively).

Results

279 patients were valuable. Mean follow-up period lasted 27 (SD=3.1) months. The most frequent symptoms were (2-year follow-up Vs baseline): urinary incontinence (UI) (50% Vs 72%), daytime frequency (46% Vs 72%), urgency (44% Vs 67%), night-time frequency (43% Vs 62%), feeling of incomplete emptying (31% Vs 53%). Baseline most frequent symptoms were also the two years most frequent symptoms, although their absolute frequency decreased.

Remission rates, i.e. the percentage of patients who complained of a symptom at baseline and did not after two years anymore, were: 35% UI, 39% day-time frequency, 38% urgency, 34% night-time frequency, 54% feeling of incomplete emptying. These figures were quite similar to those observed at 12-mo visit, meaning that most of LUTS improved within the first year. The average remission rate during the second year ranged between 21% (UI) to 32% (feeling of incomplete voiding).

As regards symptoms associated to sexual function, dyspareunia and vaginal dryness were nor present anymore in respectively 60 and 65% of patients after two years, whereas one-year remission rates were 48% and 44%.

Incidence rates were lower and differently distributed than remission rates (Table 1).

244 out of 279 patients filled the ICIQ-LF in. An overall decreased impact on QoL from baseline to follow up equal to a score differential of -2.14 points (3.30) as measured by the mean (SD) variation score of the self-administrated ICIQ-LF questionnaire was observed. All symptoms showed a decrease in the degree of bother: from -1.15 (SD=2.91) for slow stream to -2.85 (SD=3.93) for UI. Moreover the impact of UI on everyday and social life was reduced by almost two points on average. This improvement had already been observed after 12 months (mean QoL reduction according to ICIQ-LF was -1.92 pts, SD=3.36), but it continued during the following year.

Interpretation of results

In general, LUTS prevalence tended to decrease during the 24 months following baseline evaluation. The relation between LUTS and QoL changed over time and comparable levels of symptom severity at baseline and follow up were associated with a better quality of life after 12 and 24 months.

Concluding message

Prevalence of LUTS tends to decrease over a two-year follow-up period and quality of life improves. Even if the LUTS-Symptoms behaviour in women followed a dynamic course, remission rates were higher than incidence rates. Overall this positive trend was confirmed by a lower degree of bother related to LUTS as observed over a two-years follow-up period compared to baseline evaluation. These data sustain our previous results at 12-months about a general improvement in QoL and symptoms' severity in women suffering from LUTS and followed at Urology Centres.

	0-24	0-12	12-24
Urinary Incontinence	12%	22%	16%
Day-time frequency	9%	10%	20.5%
Night-time frequency	7.5%	15%	21%
Urgency	10%	7%	20%
Feeling of incomplete emptying	14%	8%	16%
Dyspareunia	8%	6%	9%
Vaginal Dryness	17%	9%	14%

Table 1. Incidence rates for the most frequent and sexual LUTS at different time intervals

FUNDING: Unrestricted educational grant from Boehringer Ingelheim

DISCLOSURES: NONE

HUMAN SUBJECTS: This study did not need ethical approval because at the time of the study set-up Italian law did not account for it but followed the Declaration of Helsinki. Informed consent was obtained from the patients.