The association of risk factors with lower urinary tract symptoms: The Community Health Survey.

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## Introduction

- To evaluate the association of lower urinary tract symptoms (LUTS) with modifiable risk factors based on community Health Survey.


## Methods

- We analyzed data from the 2011 Korean Community Health Survey (KCHS) performed (August 2011-October 2011) in South Korea. The survey carried out to Korean men ( $n=67,457$ ) who were 40 years of age or older and interview with questionnaires.
- The face-to-face survey of sociodemographic questionnaires with Computer Assisted Personal Interviewing (CAPI), International Prostate Symptom Score (IPSS), and standard question were done by trained interviewers.
- We assessed risk factors (Physical activity, cigarette smoking, alcohol intake, feeling stress, hypertension, diabetic mellitus (DM), and dyslipidemia) with LUTS.

|  | Mild(8)PPSS) |  |  |  |  |  | Rao-ScottChi-Square |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |
|  | 58,390 | (832) |  |  | 2,799 (3.9) |  |  |
| ${ }_{40,49}^{\text {Age (ear) }}$ | 20.391 | (33.) | 635 | (12.0) | 90 | (5.7) | <0001 |
| 50.59 | 18,336 | (339) | 1,480 | (232) | 263 | (13.8) |  |
| 60.69 | 12,207 | (15.) | 2,800 | (293) | 739 | (283) |  |
| $70 \leq$ | 7,456 | (1.5) | 4,111 | (35.) | 1,707 | (522) |  |
|  |  |  |  |  |  |  |  |
| Yes | 25.546 | (4.) | 3,952 | (462) | 1,000 | (39.7) |  |
| № | 32.84 | (553) | 5.074 | (53.8) | 1,799 | (60.3) | <0001 |
| Smoking |  |  |  |  |  |  |  |
| Curatet moker | 24.660 | (43.2) | 2738 | (32.) | 781 | (28.7) |  |
| Framer moker | 21.801 | (36.7) | 4.591 | (49.) | ${ }_{1} .515$ |  | <0001 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Currat drinker | ${ }_{111,151}$ | (74.5) | 4.224 | (59.8) | ${ }_{\text {1,251 }}^{1,2518}$ | ${ }_{(53)}^{(464)}$ | <.000 |
|  |  |  |  |  |  |  |  |
| 10-18.5 | 1.357 | (1.7) | 588 | (5.1) | 305 | (8.4) |  |
| 185.25 .0 | 40,410 | (68.4) | 6.514 | (12.4) | ${ }_{1} 1966$ | (6,.) | <0001 |
| Stress |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| ${ }_{\substack{\text { Modetate } \\ \text { severe }}}^{\text {to }}$ | 13.639 | (26.7) | 2.265 | (28.8) | 957 | (36.8) | $<0001$ |
| Mid | 44,751 | (73) | 6.761 | (112) | 1,842 | (63.2) |  |
|  |  |  |  |  |  |  |  |
| ${ }^{\text {Yes }}$ | ${ }_{43,13}^{14,967}$ | ${ }_{\text {(808) }}^{(192)}$ | ${ }_{\substack{3,258 \\ 5.258}}$ | $\left(\begin{array}{c}(40.3) \\ (997)\end{array}\right.$ | ${ }_{1}^{1.551}$ | ${ }_{(54.7}^{(45.3)}$ | <0001 |
| Diabetic melitus (3,43 (80.9) 5,28 |  |  |  |  |  |  |  |
| Yes | ${ }_{6}^{6,243}$ | (9.) | ${ }^{1,670}$ | (182) | 592 | (228) | <0001 |
| ${ }_{\text {Dystipidemia }}{ }^{52,126}$ (90.4) |  |  |  |  |  |  |  |
| Yes | 6.624 | (12.) | 1.260 | (163) | 377 | (172) | $<0001$ |
| № | 51,678 | (87.4) | 17,39 | (83.7) | 2.408 | (828) |  |

Results
-Higher IPSS scores were checked in low physical activity ( $n=50,496$, IPSS $=4.06 \pm 0.03$ ) compared to high physical activity ( $n=19,719$, IPSS $=3.16 \pm 0.04$ ) group.
-Stress, Hypertension, DM, Dyslipidemia groups showed higher IPSS than normal groups. In cigarette smoking, current smoker was highest percentage ( $43.2 \%, \mathrm{p}<0.01$ ) in mild severity of LUTS, former smoker was highest percentage (50.3\%, p<0.01).


#### Abstract

Results -Highest percentage of mild, moderate and severe LUTS were shown in current alcohol intake (mild: $74.5 \%$, moderate: $59.8 \%$, severe: $46.4 \%$, $\mathrm{p}<0.0001$ ). - In the multivariable model, low physical activity, stress, hypertension, diabetic mellitus, and dyslipidemia groups were related with LUTS. Also, smoker had related with LUTS and former smoker had quite higher OR than current smoker (OR 1.40; $95 \%$ CI 1.29,1.51;p<0.0001 vs OR 1.29; 95\% CI 1.17, 1.41; p<0.1359). However, Alcohol intake was not related with LUTS (OR 0.78; 95\% CI 0.74, $0.84 ; \mathrm{p}<0.01$ ).

Table 2. Relationship between LUTs and Risk factors |  | Multivariable model |  |  |
| :---: | :---: | :---: | :---: |
|  | OR | 95\% CI | p -value |
| Age (year) |  |  |  |
| 40-49 | 1.00 | ref | - |
| 50-59 | 2.27 | (2.02,2.54) | <. 0001 |
| 60-69 | 5.67 | (5.03,6.40) | <. 0001 |
| $70 \leq$ | 13.22 | (11.66,15.00) | <. 0001 |
| Physical activity (Exercise) |  |  |  |
| No | 1.00 | ref | - |
| Yes | 1.15 | (1.07,1.24) | 0.0002 |
| Smoking |  |  |  |
| None smoker | 1.00 | ref | - |
| Former smoker | 1.40 | (1.29,1.51) | <. 0001 |
| Current smoker | 1.29 | (1.17,1.41) | <. 0001 |
| Alcohol intake |  |  |  |
| Current drinker | 1.00 | ref | - |
| None drinker | 0.78 | (0.74,0.84) | <. 0001 |
| Body mass index |  |  |  |
| 10-18.5 | 1.00 | ref | - |
| 18.5-25.0 | 1.65 | (1.43,1.90) | <. 0001 |
| 25.0-50.0 | 0.85 | (0.79,0.92) | <. 0001 |
| Stress |  |  |  |
| Mild | 1.00 | ref | - |
| Moderate to severe | 1.79 | (1.67,1.92) | <. 0001 |
| Hypertension |  |  |  |
| No | 1.00 | ref | - |
| Yes | 1.18 | (1.10, 1.26) | <. 0001 |
| Diabetic mellitus |  |  |  |
| No | 1.00 | ref | - |
| Yes | 1.26 | (1.17,1.37) | <. 0001 |
| Dyslipidemia |  |  |  |
| No | 1.00 | ref | - |
| Yes | 1.37 | (1.25,1.50) | <. 0001 |

LUTS, lower urinary tract symptom score, OR, odds ratio, CI, confidence interval.


P -value and P -value for trend were determined by multivariable logistic regression analyses.

Conclusions

- A history of smoking, low physical activity, DM, stress, hypertension, DM, and dyslipidemia were associated with LUTS deterioration. However, relationship between alcohol intake and LUTS deterioration had no significant association.


## References

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