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

Kim KS¹, Kim Y T¹, Lee JA², Choi BY², Moon HS¹



¹Department of Urology, Hanyang university hospital, Seoul, Korea,

²Department of Preventive Medicine, Hanyang University College of Medicine, Seoul, Korea

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.

	LUTS severity							
-	Mild(8>IPSS)		Moderate (8= <ipss=<19)< th=""><th colspan="2">Severe (20=<ipss)< th=""><th>Rao-Scott Chi-Square</th></ipss)<></th></ipss=<19)<>		Severe (20= <ipss)< th=""><th>Rao-Scott Chi-Square</th></ipss)<>		Rao-Scott Chi-Square	
-	N	%	N	%	N	%	p-value	
	58,390	(83.2)	9,026 (12.9)		2,799 (3.9)			
Age (year)								
40-49	20,391	(43.6)	635	(12.0)	90	(5.7)		
50-59	18,336	(33.9)	1,480	(23.2)	263	(13.8)		
60-69	12,207	(15.0)	2,800	(29.3)	739	(28.3)		
70≤	7,456	(7.5)	4,111	(35.5)	1,707	(52.2)		
Physical activity (Exercise)								
Yes	25,546	(44.7)	3,952	(46.2)	1,000	(39.7)		
No	32,844	(55.3)	5,074	(53.8)	1,799	(60.3)		
Smoking								
Current smoker	24,660	(43.2)	2,738	(32.6)	781	(28.7)		
Former smoker	21,801	(36.7)	4,591	(49.5)	1,515	(53.0)	<.0001	
None smoker	11.929	(20.1)	1,697	(17.9)	503	(18.3)		
Alcohol intake								
Current drinker	41,151	(74.5)	4,924	(59.8)	1,251	(46.4)		
None drinker	17,239	(25.5)	4,102	(40.2)	1,548	(53.6)		
Body mass index								
10-18.5	1,357	(1.7)	588	(5.1)	305	(8.4)		
18.5-25.0	40,410	(68.4)	6,514	(72.4)	1,966	(69.5)	<.0001	
25.0-50.0	16,623	(29.9)	1,924	(22.5)	528	(22.1)		
Stress								
Moderate to severe	13,639	(26.7)	2,265	(28.8)	957	(36.8)	<.0001	
Mild	44,751	(73.3)	6,761	(71.2)	1,842	(63.2)		
Hypertension								
Yes	14,967	(19.2)	3,765	(40.3)	1,248	(45.3)	<.0001	
No	43,413	(80.8)	5,258	(59.7)	1,551	(54.7)		
Diabetic mellitus								
Yes	6,243	(9.6)	1,670	(18.2)	592	(22.8)		
No	52,126	(90.4)	7,352	(81.8)	2,206	(77.2)		
Dyslinidemia								

Results

51,678 indard deviation, Value are (12.6) 1,260 (16.3) (87.4) 7,739 (83.7) ressed as mean ± SD or N (%). (17.2) (82.8)

•Higher IPSS scores were checked in low physical activity (n=50,496, IPSS = 4.06 ± 0.03) compared to high physical activity (n=19,719, IPSS= 3.16 ± 0.04) group.

•Stress, Hypertension, DM, Dyslipidemia groups showed higher IPSS than normal groups. In cigarette smoking, current smoker was highest percentage (43.2%, p<0.01) in mild severity of LUTS, former smoker was highest percentage (50.3%, p<0.01).

Results

•Highest percentage of mild, moderate and severe LUTS were shown in current alcohol intake (mild: 74.5%, moderate: 59.8%, severe: 46.4%, 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;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≤	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				

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

Nancy N. Maserejian, Varant Kupelian, Gavin Miyasato, et al. Are Physical Activity, Smoking and Alcohol Consumption Associated with Lower Urinary Tract Symptoms in Men or Women? Results from a Population Based Observational Study. J Urol. 2012 Aug;188(2):490-5

Woo Suk Choi, Nam Ju Heo, Young Ju Lee, et al. Factors that infuence lower urinary tract symptom (LUTS)-related quality of life (QoL) in a healthy population. World J Urol (2017) 35:1783–1789

Min Soo Choo, Jun Hyun Han, Tae Young Shin, et al. Alcohol, Smoking, Physical Activity, Protein, a Lower Urinary Tract Symptoms: Prospective Longitudinal Cohort. Int Neurourol J 2015;19:197-206

76