Patients with MS and LUTS were recruited and had 2 visits to our center:

Visit 1
- Demographics:
  - Age, sex, BMI
- Disease characteristics:
  - Expanded Disability Status Scale EDSS
  - Duration of both MS and LUTS
  - Type of MS (RR, SP, PP)
  - MS treatment
  - Previous urological follow-up

Visit 2
- Symptom Evaluation:
  - Overactive Bladder Symptom Score (OABSS)
  - Voiding subscore of IPSS (IPSS-V)
- Uroflowmetry
- Cystomanometry
- Pressure Flow Study (PFS)
- Electromyography (EMG)

Patients randomized in 2 groups:
- Group A
- Group B
- After the diagnosis, a treatment was given to each patient based on the whole evaluation

Methods and Materials

- 46 patients were enrolled and were randomized to 23 patients in group A and 23 patients in group B.
- No significant inter-group differences (p>0.05) were found for age (A:41y vs. B: 44y), sex ratio (A:1.3 vs. B:0.53), BMI (A:24.4 kg/m2 vs. B:25.9 kg/m2), duration of LUTS (A:3y vs. B: 5y), mean EDSS score (A:4 vs. B:4), type of MS (A:59%RR,22%PP vs. B:56%RR,26%PP), MS treatment (A:99% vs. B:95%), previous urological follow-up (A:14% vs. B:38%), and anterior urological treatment (A:27% vs. B:30%).
- No significant differences were found between the two groups respectively before the treatment and after the 6 month follow-up (p>0.05) for symptoms (OABSS and IPSS-V), bother (UBQMS-R and UBQMS-F), and urologic quality of life (SF-QUALIVEEN) (Fig.1).
- When comparing these scores before and after treatment independently of the group, significant improvement in all scores (p<0.05) was noted (Fig.2).

Conclusions
- Conducting a whole urodynamic evaluation including cystometry, PFS, and EMG did not influence treatment outcomes (symptoms severity, bother, and urologic quality of life), nor adherence to treatment, in patients of the group B.
- However, the treatment was effective in both groups in accomplishing its outcomes since the difference between before and after the treatment independently of groups was significant.
- These results should not be extrapolated to patients with renal failure or upper tract dilatation as in our study population we had only 2 patients with upper tract dilatation and no cases of renal failure.

References

Introduction

To evaluate the effect of urodynamic evaluation in patients with MS and LUTS on treatment outcomes (symptoms, bother, and urologic quality of life)

Aim

Methods and Materials

Results

Discussion

Conclusions