



ORIGINAL ARTICLE

Prevalence of storage lower urinary tract symptoms in male patients attending Spanish urology office. Urinary urgency as predictor of quality of life[☆]



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KEYWORDS

Lower urinary tract symptoms;
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Abstract

Introduction: The study sought to determine the symptomatic profile of men with lower urinary tract symptoms (LUTS) who visited a urology clinic in Spain and its impact on their health-related quality of life (HRQL).

Materials and methods: A national, epidemiological cross-sectional study was conducted and included 291 urology clinics. The prevalence of storage LUTS was investigated in 25,482 men. The study collected sociodemographic and clinical data from a subgroup of 1015 patients with storage LUTS who filled out the International Prostate Symptom Score (IPSS), Overactive Bladder Questionnaire Short Form (OABq-SF) and Patient Perception of Bladder Condition (PPBC) questionnaires. The impact of urinary urgency on HRQL was analyzed.

Results: The prevalence of storage LUTS was 41%, increasing with age: 14.1%, 41.5% and 60.8% for patients aged 18–49, 50–64 and ≥ 65 years, respectively. Of the 1015 selected patients, only 2.6% had storage symptoms exclusively. Symptom severity (IPSS) increased with age. Nocturia, frequency and urgency were the most common symptoms and had the most impact on HRQL (IPSS and OABq-SF). The number of urgency episodes was inversely correlated with the HRQL ($r = -0.773$; $p < 0.0001$). In the multivariate analysis, only the IPSS and OABq-SF both scores were significant predictors of HRQL ($p < 0.001$).

Conclusion: Storage LUTS are highly prevalent among patients attending urology clinics in Spain. The severity of the urgency (number of urgency episodes) predicted a poorer quality of life for the patient.

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PALABRAS CLAVE

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Prevalencia de síntomas del tracto urinario inferior de llenado en pacientes varones que acuden a consulta de urología en España. La urgencia urinaria como predictor de calidad de vida

Resumen

Introducción: Se buscó conocer el perfil sintomático de pacientes varones con síntomas del tracto urinario inferior (STUI) que acuden a consulta de urología en España, y el impacto en la calidad de vida relacionada con la salud (CVRS).

Materiales y métodos: Estudio nacional, epidemiológico, transversal. Incluyó 291 consultas de urología. La prevalencia de STUI de llenado se investigó en 25.482 varones. Se recogieron datos sociodemográficos y clínicos de un subgrupo de 1.015 pacientes con STUI de llenado que completó los cuestionarios IPSS, OABq-SF y PPBC. Se analizó el impacto de la urgencia urinaria en la CVRS.

Resultados: La prevalencia de STUI de llenado fue 41%, aumentando con la edad: 14,1%, 41,5% y 60,8% de los pacientes con 18-49, 50-64 y ≥ 65 años, respectivamente. De los 1.015 pacientes seleccionados solo el 2,6% presentaba exclusivamente síntomas de llenado. La gravedad de los síntomas (IPSS) aumentó con la edad. La nocturia, la frecuencia y la urgencia fueron los síntomas más frecuentes y con más impacto en la CVRS (IPSS y OABq-SF). El número de episodios de urgencia se correlacionó inversamente con la CVRS ($r = -0,773$; $p < 0,0001$). En el análisis multivariado solo el IPSS y el OABq-SF de molestias fueron predictores significativos de CVRS ($p < 0,001$).

Conclusión: Existe una alta prevalencia de STUI de llenado entre los pacientes que acuden a consulta de urología en España. La gravedad de la urgencia (número de episodios de urgencia) predijo una peor calidad de vida del paciente.

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Introduction

The *International Continence Society* proposed the term 'lower urinary tract symptoms' (LUTS) to describe symptoms associated with the phases of filling and emptying of the micturition cycle.¹ The high prevalence of LUTS has changed the traditional concepts on their etiology. Traditionally, they were considered secondary to benign prostate growth in men,²⁻⁴ but the current approach is multifactorial, with symptoms related to the prostate, the bladder or the kidney, as reflected in the latest update of the guidelines of the European Association of Urology.⁵ Filling LUTS are the most common²; their prevalence and severity in men increases with age, and up to 43% of men >60 years have their quality of life altered for it.^{2,6,7} Filling LUTS include frequency, nocturia, urgency, and urge urinary incontinence^{1,8} and, as defined by the *International Continence Society*, they correspond to the symptoms of overactive bladder.¹ LUTS appear frequently in combination, thus increasing symptomatic patient discomfort. More than half of the men relate LUTS of more than one symptomatic group,^{9,10} including symptoms of filling, emptying, and post void, although filling symptoms are the reason for consultation in 89% of cases in Spain¹⁰ and urgency is the most prevalent.¹¹ The high frequency of presentation correlates with perception of worsening of quality of life, and it may involve a deterioration in activity and labor productivity of patients,¹² and lead to stress, depression, and social isolation.¹³

The relationship of filling LUTS with age and increasing life expectancy of the population has important implications

at the level of care and health spending, so it is interesting to obtain information on their prevalence in men in our country. The main objective of this study was to describe the frequency of occurrence of filling LUTS among men patients attending the urology office for any reason. In addition, the symptom profile and comorbidities of these patients was investigated, as well as the impact of urinary urgency (the most representative symptom) in their quality of life.

Material and methods

An epidemiological, multicenter, cross-sectional study was conducted involving 291 urology clinics throughout Spain between May and October 2013. The study lasted 5 consecutive days at each visit and consisted of 2 parts. In the first, the presence of filling LUTS was questioned to all adult males who attended for any reason. In the second part, the first patient of the day that met the inclusion criteria was invited to complete the questionnaires of data collection. It included up to 5 patients per center (one per day) and the inclusion criteria were: male ≥ 18 years old having filling LUTS, able to complete the questionnaires and that gives written informed consent.

No intervention was performed and it was not interfered with the normal practice of the participating experts. All the procedures complied with the Organic Law 15/1999 of December 13, of Protection of personal data and the principles of the Declaration of Helsinki (2008). The study protocol was approved by the Ethics Committee of Clinical Research of the University Hospital Gregorio Marañón de Madrid and the Puigvert Foundation in Barcelona.

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