



The Role of Psychological Support for Patients With Lower Urinary Tract Symptoms

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Introduction & Objectives

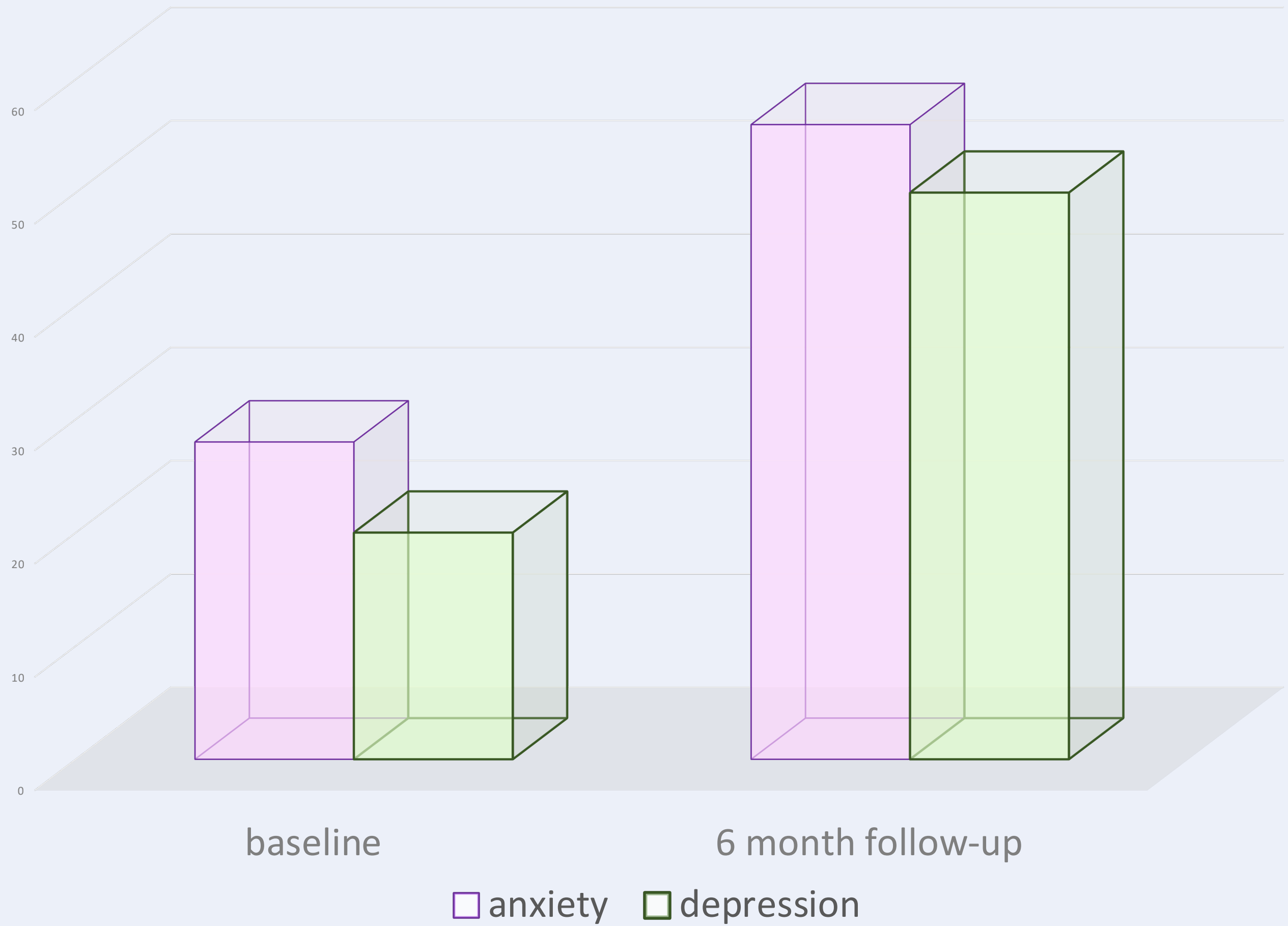
Patients with chronic/recurrent urinary tract infection (UTI) often suffer with intrusive symptoms for many years before diagnosis and treatment, which negatively impacts on quality of life and wellbeing. Furthermore, control of the varied and often severe symptoms is challenging and patients report feeling dismissed and unsupported by the medical profession. Our trust runs a specialised chronic lower urinary tract symptoms (LUTS) service managing patients from across the country with chronic/recurrent UTI. Mental Health is assessed as part of this assessment using the Hospital Anxiety and Depression Score (HADS).

In the second cycle of this project, we set out to analyse repeat scores for both LUTS and HADS following at least 6 months of specialist treatment to quantify the impact of chronic/recurrent UTI on physical and mental health, to support our hypothesis that the service would benefit from a psychologist.

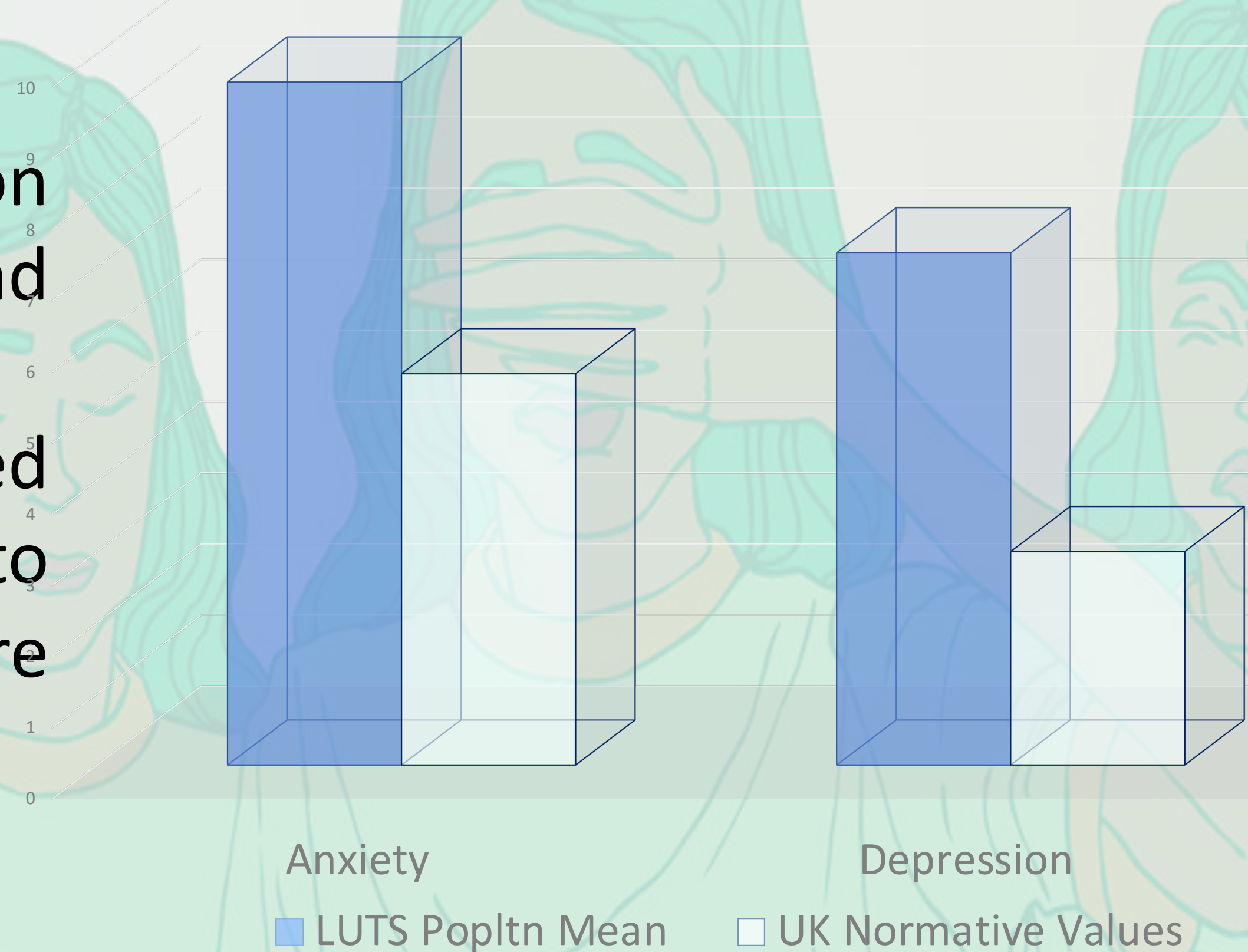
Design & Methodology

Quantitative assessment of both LUTS scores and HADS at presentation and after six months of specialist treatment to establish prevalence and trends of psychological symptoms in the context of disease burden. Electronic records of 72 patients attending for follow-up were reviewed at least six months after initial consultations and treatment initiation to collect updated clinical symptom scores. If not recorded, patients were contacted individually to collect a repeat HADS. Paired t-test was used to determine significance.

Percentage of Patients With Abnormal HADS



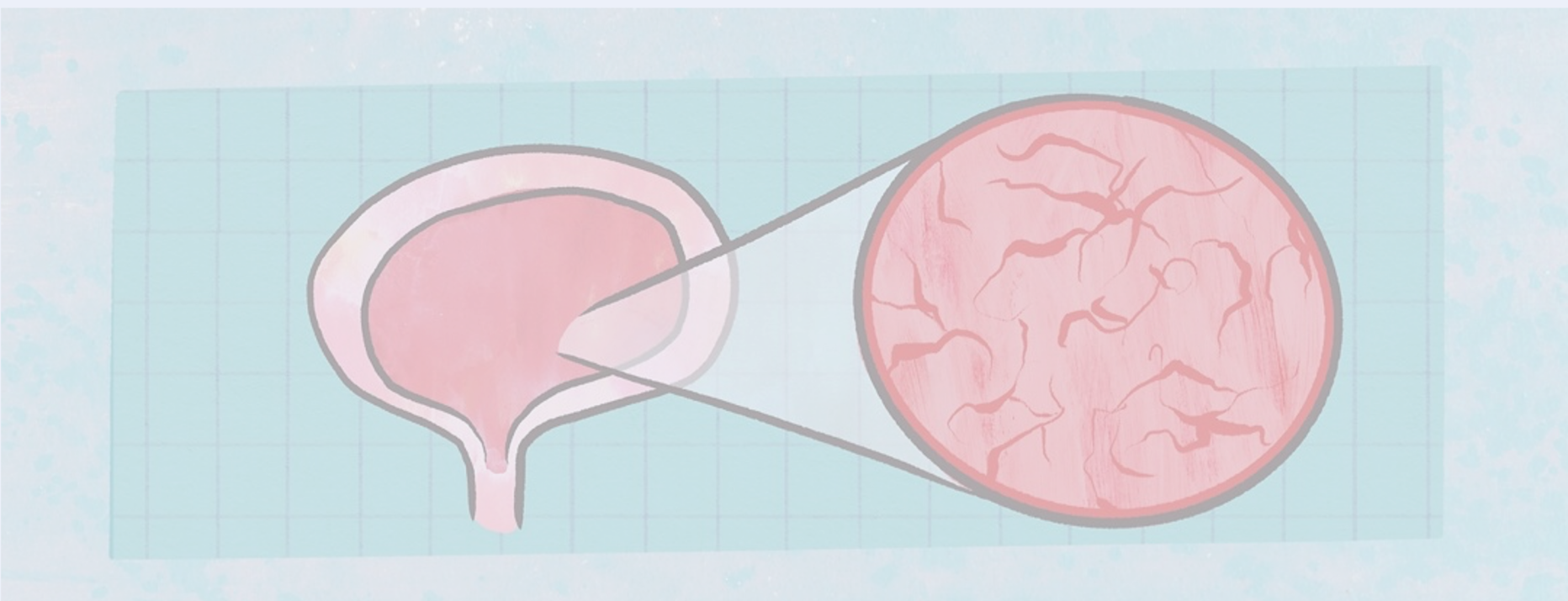
HADS Mean Values: LUTS population Vs UK Normative values



Results

The initial cycle of this project revealed HADS above UK normative values for anxiety and depression in 28% and 20% of patients respectively. 84% of patients attended for further clinic follow-up. Of this group, 65% (N=47) had improved overall LUTS scores suggesting successful medical treatment.

A repeat HADS assessment was completed for 76% (N=55) patients with 4 patients declining to participate and 13 not responding. 56% of patients had raised anxiety scores and 50% had raised depression scores: a twofold increased in comparison with scores at initial consultation in both domains (p=0.033, p=0.0006 respectively).



Conclusion

Specialist management of chronic/recurrent UTI led to a reduction in symptom scores for the majority of this patient group. However, despite this apparent success the proportion of LUTS patients with symptoms of anxiety and depression doubled after six months, implying that medical treatment alone may not improve quality of life. It is well evidenced that medical management is often not able to eliminate all symptoms of chronic disease, strengthening our hypothesis that a psychological treatment arm to holistically manage patients under the LUTS service may be invaluable in supporting them to live with chronic/recurrent UTI.