

3. DIAGNOSIS

3.1 History and physical examination

Taking a thorough clinical history and carrying out a focused physical examination are fundamental to the process of clinical evaluation. Despite the lack of supportive high-level evidence, there is universal agreement that they should be the first step in the assessment of anyone with LUTS.

The history should include a full evaluation of LUTS, as well as sexual, gastrointestinal, and neurological symptoms. The history should categorise LUTS as storage, voiding and post-micturition symptoms, and broadly classify UI as SUI, UUI or MUI whilst acknowledging that there may be other causes of UI such as uro-genital fistulae, overflow incontinence or anatomical abnormalities [14].

The history should also identify patients who need onward referral to an appropriate clinic/specialist. These may include patients with associated pain, haematuria, history of recurrent urinary tract infection (UTI), pelvic surgery or radiotherapy, continuous incontinence suggesting a fistula (see Section 4.8), new-onset enuresis or suspected neurological disease. A neurological, obstetric, and gynaecological history may help to understand the underlying cause and identify factors that may affect treatment decisions. Guidance on history-taking and diagnosis in relation to UTIs, neuro-urological conditions and chronic pelvic pain (CPP) can be found in the relevant EAU Guidelines [11, 15, 16]. Patients should also be asked about other comorbidities as well as smoking status, previous surgical procedures, and current medications, as these may affect LUTS.

Examination should include abdominal examination, to detect an enlarged urinary bladder or other abdominal masses, and digital examination of the vagina and rectum. Pelvic examination in women includes assessment of oestrogen status, pelvic floor muscle (PFM) function and careful assessment of any associated pelvic organ prolapse (POP). A cough stress test is necessary to look for SUI. A focused neuro-urological examination should also be routinely undertaken.

3.1.1 Summary of evidence and recommendation for history taking and physical examination

Summary of evidence	LE
History-taking including symptoms and comorbidity, and focused physical examination are essential parts of the evaluation of women with LUTS.	4

Recommendation	Strength rating
Take a complete medical history including symptoms and comorbidity and perform a focused physical examination for evaluation of women with LUTS.	Strong

3.2 Patient questionnaires

This includes symptom scores, symptom questionnaires/scales/indices, patient-reported outcome measures (PROMs) and health-related quality of life (HRQoL) measures. Questionnaires should have been validated for the language in which they are being used, and, if used for outcome evaluation, should have been shown to be sensitive to change. The US Food and Drug Administration (FDA) published guidance for industry on PROM instruments (questionnaires) in 2009 [17].

Although many studies have investigated the validity and reliability of urinary symptom questionnaires and PROMs, most of these studies included mixed populations (men and women). This limits the extent to which results and conclusions from these studies can be applied to particular LUT syndromes in women. A SR included 22 studies that assessed eleven case-finding tools for OAB. All tools were found to have good sensitivity and specificity for OAB or incontinence symptoms [18]. Some questionnaires are responsive to change and may be used to measure outcomes, although evidence for this is inconsistent [19, 20].

Another SR including 73 studies assessed 27 specific and six generic instruments that measure quality of life (QoL) in women with UI. In this review, the incontinence QoL (IQoL) questionnaire was found to be the most psychometrically robust disease-specific tool for use in English-speaking women with UI. Evidence on the performance of generic QoL tools for this population is limited [21]. There is no evidence to indicate whether use of QoL or condition-specific questionnaires has an impact on outcome of treatment.