

NOCTURIA INDICATES A POOR HEALTH STATUS AND INCREASES MORTALITY IN MALE PATIENTS WITH TYPE 2 DIABETES MELLITUS

Hypothesis / aims of study

To investigate the association between nocturia and erectile dysfunction, androgen deficiency, overactive bladder and systemic diseases in men with type 2 diabetic mellitus.

Study design, materials and methods

A self-administered questionnaire containing overactive bladder symptom score and sexual health inventory for men was obtained from subjects with type 2 diabetic mellitus. Nocturia and severe nocturia were defined as rising ≥ 2 or ≥ 3 per night to void, respectively. Patient characteristics and diabetes-related complications to risk of nocturia were evaluated.

Results

Of 632 consecutive subjects, 56.0 % and 24.2 % reported having nocturia and severe nocturia, respectively. After adjustment of age, diabetic mellitus duration, and overactive bladder, the presence of erectile dysfunction, stroke, hypertension, and higher serum creatinine level was associated with nocturia and severe nocturia. The patients with the lowest quartile of testosterone level (2.21 ± 0.51 ng/mL) had higher prevalence of nocturia (65.1%) and severe nocturia (32.9%) than the sum of the other 3 quartiles. The patients with severe nocturia had 3-fold higher mortality than the other group after 3.5-year follow-up.

Interpretation of results

The presence of nocturia was associated with erectile dysfunction, systemic vascular events, and higher mortality.

Concluding message

Nocturia indicated a poor health in male with type 2 diabetic mellitus.

References

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Disclosures

Funding: Chang Gung Medical Research Program (CMRPG-860381). **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Kaohsiung Chang Gung Memorial Hospital **Helsinki:** Yes **Informed Consent:** Yes