

# Development of TANGO, A Novel Screening Tool to Identify Co-Existing Causes of Nocturia

## AIMS

To develop a screening tool to identify comorbidities associated with nocturia.

To be used across disciplines and in conjunction with:

- Bladder diary
- Sleep measures
- Renal function tests
- Urine flow dynamics
- Patient-Reported Outcomes

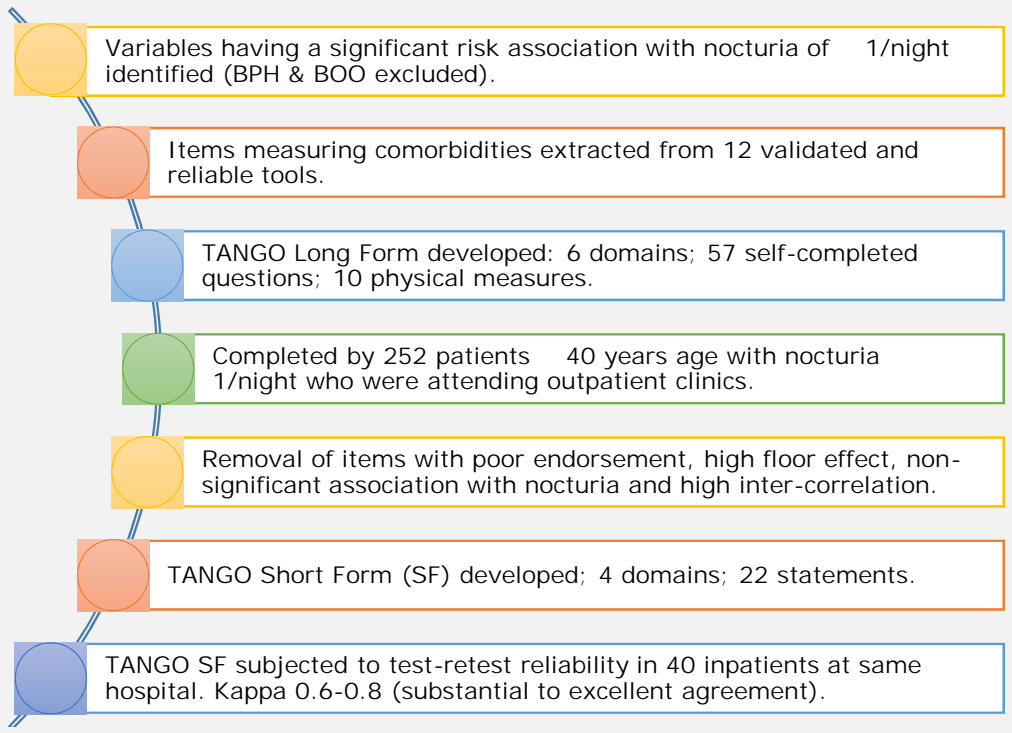


Bower WF, Rose GE, Whishaw DM, Ervin CF, Khan F, Goldin J.

## CONCLUSION

Data from this study has been translated in to a clinically useful framework that will facilitate clinicians from all disciplines and specialties in identifying multiple and co-existing causes of an individual's nocturia.

## METHODS



## RESULTS

Please place a tick  next to any statement which is TRUE for you.

|                          |   |                |
|--------------------------|---|----------------|
| <input type="checkbox"/> | My ankles, feet or legs swell during the day.                                   | CARDIOVASCULAR |
| <input type="checkbox"/> | I take fluid tablets (e.g. Lasix).  |                |
| <input type="checkbox"/> | I have kidney disease.  |                |
| <input type="checkbox"/> | I take tablets to control my blood pressure.                                    |                |
| <input type="checkbox"/> | I often get dizzy when standing up.   |                |
| <input type="checkbox"/> | I have high blood sugar OR diabetes.  |                |
| <input type="checkbox"/> | My blood sugar levels are difficult to keep stable.                             |                |
| <input type="checkbox"/> | I have 5 hours or less sleep per night.   | SLEEP          |
| <input type="checkbox"/> | I would describe my sleep quality as bad.                                       |                |
| <input type="checkbox"/> | I wake up longer than 30 minutes to fall asleep at night.                       |                |
| <input type="checkbox"/> | I have difficulty staying asleep at night because of my bladder.                |                |
| <input type="checkbox"/> | I often experience pain at night.   | URINARY TRACT  |
| <input type="checkbox"/> | I have been told I snore loudly OR also breathing at night.                     |                |
| <input type="checkbox"/> | I need to get up to pass urine within 3 hours of going to sleep.                |                |
| <input type="checkbox"/> | I experience a sudden urge to urinate on most days.                             | WELL-BEING     |
| <input type="checkbox"/> | I have a bladder urgency accident once a week or more.                          |                |
| <input type="checkbox"/> | I often need to strain or push to start urinating.                              |                |
| <input type="checkbox"/> | I have an enlarged prostate gland (MALE ONLY).                                  |                |
| <input type="checkbox"/> | In general, I would say that my health is not good.                             |                |
| <input type="checkbox"/> | I have trouble staying awake while driving, eating or during social activities. |                |
| <input type="checkbox"/> | I have had a fall in the last 3 months.   |                |
| <input type="checkbox"/> | I don't look forward to the day with as much enjoyment as I used to.            |                |