687

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DIFFERENCE IN THE INTERNATIONAL PROSTATE SYMPTOM SCORE PERFORMED BY PHYSICIANS AND PATIENTS

Hypothesis / aims of study

International Prostate Symptom Score (IPSS) is a widely used measure of lower urinary tract symptoms (LUTS) in patients with benign prostate hyperplasia (BPH). We discussed the differences between the self-administered score and the score performed under guidance by physicians.

Study design, materials and methods

A total of 150 patients with BPH were selected among the outpatients complaining with LUTS from June 2009 to May 2011. First IPSS was filled out by patients on their first visit to the clinic, and another IPSS was done with a doctor's explanation of each questions. Total score and the scores of each questions were compared, then the score difference in three groups divided into mild (0-7), moderate (I8-19), severe symptom group (20-35) were compared.

Results

Mean age was 61.5 ± 9.7 , mean prostate specific antigen level was 2.5 ± 2.3 ng/ml, and mean prostate volume was 32.0 ± 14.4 cc, respectively. Median total score of the self-administered IPSS was 18.4 ± 10.2 , while median total score of the physician-guided IPSS was 17.1 ± 7.1 , and the difference was statistically significant (p=0.008). Quality of life (QOL) between the self-administered score and the physician-guided score was 3.85 ± 1.25 and 3.77 ± 1.10 , respectively, and the difference was not statistically significant (p=0.610). Median scores in frequency question were 2.76 ± 2.23 in self-administered IPSS and 1.91 ± 1.94 in physician-guided IPSS, and the difference was statistically significant (p=0.002). Median scores in urgency question were 2.12 ± 1.96 and 1.33 ± 1.41 , respectively, and the difference was statistically significant (p<0.001). Mild group consisted of 23 patients and showed no statistical significance between the self-administered IPSS and the physician-guided IPSS in all 8 questions. Moderate group consisted of 84 patients and their self-administered IPSS was higher than the physician-guided IPSS in frequency and urgency questions (p<0.001, p<0.001). Severe group consisted of 43 patients and their self-administered IPSS was higher than the physician-guided IPSS in urgency question (p=0.002).

Interpretation of results

IPSS is a validated measure of LUTS in patients with BPH, but there can be differences in scores when it is performed on patients' own and when performed with explanation from physicians.

Concluding message

To measure the patient's symptoms accurately, we recommend adequate explanation from the physicians be accompanied, especially about frequency and urgency questions.

Disclosures

Funding: None Clinical Trial: No Subjects: HUMAN Ethics not Req'd: retrospetive chart review study Helsinki: Yes Informed Consent: No