

**Abstract Reproduction Form B-1**

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Title (type in CAPITAL LETTERS)	WHAT DETERMINES THE CHOICE OF TREATMENT IN PATIENTS WITH CLINICAL BPH?

Aims of Study: Many middle-aged and elderly men have clinical BPH (LUTS associated with benign prostatic enlargement and bladder outlet obstruction). A variety of treatments exists (no treatment, pharmacotherapy, and invasive treatments). Some patients might opt for surgery, while other patients might opt for watchful waiting or medical therapy, depending on the patient's and the doctor's views of benefits, risks, and costs (1). If the risk for complications to BPH is limited, the severity of symptoms would be expected to influence the choice to treat or not. In this study we assessed which diagnostic criteria that were important for the decision of treatment modalities in unselected patients with clinical BPH.

Patients and methods: This prospective study comprised 271 men over the age of 45 years (mean age 69 years, range 45-91 years) referred to our department because of LUTS. Routine diagnostic procedures included symptom score (IPSS) with quality of life (QoL) question, digital rectal examination, serum PSA level, uroflowmetry, post-void residual volume, with optional prostate volume estimation by ultrasound, and urodynamics. Treatment was chosen by the patient and the doctor without any local guidelines. Results are expressed as mean values.

Results: 143 (53 %) out of the 271 LUTS patients had clinical BPH as judged by the presence of prostate enlargement (DRE and/or prostate volume >20 ml) and outflow obstruction (maximum flow rate <15 ml/s and/or AG number >40).

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The remaining 128 patients (47 %) did not fulfil the criteria for clinical BPH. 83 patients (31 % out of the 271 patients) had LUTS of unknown etiology. Prostate cancer was discovered in 13 (5 %) out of the 271 patients. They were found by increased PSA levels (>4 ng/ml) and diagnosed by transrectal ultrasound and sextant biopsies. In one patient bladder cancer was found by cystoscopy.

The 143 patients with clinical BPH had IPSS 16.6, QoL 3.3, prostate volume 41 ml, maximum flow rate 10.3 ml/s, and AG-number 56.

Treatment fell into three groups; watchful waiting (W) 18 patients, pharmacotherapy (P) 58 patients, and surgery (S) 54 patients. 13 patients were excluded (referred to chronic indwelling catheter or recruited in another study).

IPSS (W:11, P:15, S:19), QoL (W:2.0, P:3.3, S:3.6), prostate volume (W:28 ml, P:43 ml, S 45 ml) and AG-number (W:35, P:54, S:63) could discriminate between watchful waiting and treatment. The best discriminators between the two treatment groups were IPSS and AG number. Flow rates (W:11.4 ml/s, P:10.1 ml/s, S:10.0 ml/s) were, however, similar.

Conclusions: Severity of symptoms (IPSS) and degree of obstruction (AG-number) seem to be decisive for the choice of treatment. Maximum flow rate was similar in the watchful waiting, the pharmacotherapy and the surgery groups. This suggests that flow rate has had limited value in the choice of treatment. There seems to be a close correlation between the IPSS and the AG-number in the different groups.

References:

- (1) 4th International Consultation on Benign Prostatic Hyperplasia (BPH) 1997. Proceedings, pp 680-683.