UNDERSTANDING THE ITALIAN TRANSLATION OF INTERNATIONAL PROSTATIC SYMPTOMS SCORE

Hypothesis / aims of study: To assess the understanding of the Italian translation of the IPSS questionnaire (International Prostatic Symptoms Score) and the impact of the demographic and clinical characteristics of a prospective patient cohort evaluated at our outpatient division.

Study design, materials and methods: We performed a longitudinal cohort study collecting data from >18-year old patients presenting to our clinic with several urological complaints attending our outpatient clinic from February 2011 to March 2011. Each patient was asked to self complete the validated Italian version of the IPSS questionnaire and to self report personal information about age, marital status, education, body mass index (BMI), job. Moreover, all patients were invited to report if they found any difficulties to complete the questionnaire and which question was considered more difficult to understand. The answers to the questions that were replied to properly were defined as “appropriate,” and the questions left unanswered or replied to with more than 1 answer were defined as “inappropriate.”

The categorical variables were evaluated with the Fisher exact test and non categorical variables with the Mann Whitney U test. The level of statistical significance was set at .05.

Results: A total of 97 patients were included in this study. Patient mean age was 62.3 ± 15.2 (standard deviation = SD) years. The mean IPSS score at the time of the visit was 7.1 ± 5.8 (SD) with an average Bother score of 2.1 ± 1.4 (SD). Seventy-two out of 97 patients (74%) were married, and 57/97 (58%) had a higher education level (high school diploma or university degree). With regards to the comorbidity, 48/97 patients (49%) had a Charlson score of 0 and 89 (91%) showed an ECOG performance status of 0; 28% (n=27) of patients reported difficulty in completing the questionnaire, and 26% (n=25) needed help from an attendant or a doctor during the visit; 94% (n=91) of patients completed the questionnaire accurately. The questions considered more difficult to understand were the following: number 4 [Over the last month, how difficult have you found it to postpone urination?] (22% of patients), number 2 [Over the past month, how often have you had to urinate again less than two hours after you finished urinating?] (16% of patients) and number 1 [Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?] (16% of patients).

Statistically significant differences between patients without and with problems in completing the questionnaire were found in terms of median age (59.4 years versus 69.5, respectively; p = 0.0006) and level of education (p = 0.0006). We did not find any other significant difference between the two groups. Moreover, any significant difference was detected between patients who completed the questionnaire in a not appropriate manner and those who did not (p =0.4).

Interpretation of results: The results of our study suggest that the questionnaire seems to show a less reliability in older patients with a lower educational level.

The Italian version of the IPSS needs further validations and a new translation of the items 4, 1 and 2 in order to improve their comprehension, mainly in older patients with a lower educational level.

Concluding message: In our experience, elderly and lower educational level patients have more difficulty in understanding the IPSS questionnaire. Questions number. 4, 1 and 2 are the most difficult items.