Hypothesis / aims of study
To explore the clinical characteristics of LUTS suggestive of BPH and their impact on patients’ quality of life (QoL).

Study design, materials and methods
548 patients with BPH were enrolled from July 2006 to October 2011 and their clinical data were studied retrospectively. Data on International Prostate Symptom Questionnaire Score (IPSS), a self-designed nocturia symptom score sheet and sexual function questionnaire (MSF-4) filled out by patients when they hospitalized was analyzed.

Results
548 cases of patients with LUTS, moderate (8-19 points) accounted for 24.8% and severe (20-35 points) accounted for 75.2%. LUTS and its individual symptoms were positively associated with age, but less relevant, which were also positively correlated with QoL. Among the individual urinary symptoms, nocturnal score (Q7) correlated most with QoL, followed by dribbling urine (Q1), inability to urinate (Q5). 28.6% (157/548) of patients considered nocturnal as the greatest impact on their QoL, mainly affecting their sleep (NQ5), followed by fatigue and decreased attention in next day (NQ1), worrying about the impact on family or partner's sleep (NQ6). The Spearman rank correlation analysis showed that there was a positive correlation between IPSS and MSF-4 score (P<0.0001), in which nocturia, dysuria, and urinary frequency were the serious urinary symptoms that affected sexual function of patients (r=0.20648, 0.20635, 0.18861).

Interpretation of results
This study shows that the urinary tract symptoms or even one of them, or storage and voiding symptoms were all negative related with the quality of life of BPH patients. The higher the symptom score, the higher the QoL score. Clinically, no matter what kind of treatment has been used, as long as it effectively reduce the LUTS score, all can improve the quality of life of the patients.

Concluding message
LUTS seriously affect QoL of patients with BPH, including the impact on sexual function. More attention on the further study of BPH patients with nocturia should be paid in order to reduce its disturbance of patients’ sleep and life.

Disclosures
Funding: No Clinical Trial: Yes Public Registry: No RCT: No Subjects: HUMAN Ethics not Req'd: It is only a retrospective analysis of clinical data. Helsinki: Yes Informed Consent: No