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Title (type in CAPITAL LETTERS)	SEXUAL DYSFUNCTION IN MEN FOLLOWING TREATMENT FOR LOWER URINARY TRACT SYMPTOMS: EVIDENCE FROM THE CLASP RANDOMISED CONTROLLED TRIAL

AIMS OF STUDY

There is a lack of robust evidence concerning patient perceptions of change in sexual function after treatments for benign prostatic obstruction. Observational data suggest that TURP causes retrograde ejaculation and impotence, but one randomised controlled trial has indicated that TURP is not associated with impotence.¹ The measurement of sexual dysfunction is, however, crude and rarely based on patient report. This paper investigates sexual dysfunction among men recruited to the CLAsP randomised controlled trial for treatment of lower urinary tract symptoms, using a standardised patient-completed questionnaire: ICSsex.²

METHODS

Men with uncomplicated lower urinary tract symptoms (i.e. no acute or chronic retention of urine) were randomised to laser therapy (non-contact, side-fire), TURP (standard surgery) or conservative management (monitoring without intervention) in a large multicentre pragmatic randomised controlled trial: the CLAsP study. Symptoms of sexual dysfunction (erectile dysfunction, reduced ejaculation, pain on ejaculation) were measured by the ICSsex questionnaire, with follow-up 7.5 months after randomisation. In addition, patients were asked to what extent these symptoms caused bother. Analyses were by intention-to-treat. Frequency distributions were obtained for symptoms and Wilcoxon matched-pairs signed-rank tests used to determine whether baseline and follow-up questionnaire items differed significantly. Proportional odds models were used to compare treatment effectiveness.

RESULTS

340 patients from three UK centres were randomised to: laser (117), TURP (117), conservative management (106). Baseline sociodemographic characteristics such as age and I-PSS scores were similar. Table 1 shows the proportions reporting sexual dysfunction at baseline and 7.5 month follow-up. Erectile and ejaculatory dysfunction were common at baseline, and all sexual dysfunction symptoms were also highly bothersome: 60% with erectile dysfunction indicated it to be problematic, 41% with reduced ejaculation, 74% with pain/discomfort on ejaculation. Erectile dysfunction and pain/discomfort during ejaculation were significantly improved following treatment for TURP ($p=0.012$ and 0.004 respectively) but not following laser or conservative management. Reduced ejaculation was significantly worse following TURP, laser and conservative management ($p<0.005$). Fewer laser and TURP patients were bothered by their sex life being spoilt by urinary symptoms at follow-up.

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Table 1. Percentage reporting symptom present at baseline and follow-up

Symptom	TURP (n=117)		Laser (n=117)		CM (n=106)	
	Before	After	Before	After	Before	After
Erectile dys.	70	55	71	66	73	72
Reduced ejac.	69	83	76	86	64	73
Pain/disc. ejac.	17	2	18	20	18	27

Proportional odds models adjusting for baseline and centre demonstrated erectile function to be significantly improved in TURP compared with conservative management at follow-up (odds ratio 0.37, 95% CI 0.19 to 0.74). TURP resulted in significantly greater levels of reduced ejaculation than conservative management. No statistically significant differences were seen between laser therapy and TURP or conservative management, however, any clinically significant advantage of TURP over laser was ruled out (odds ratio 1.64, 95% CI 0.90 to 3.02). TURP resulted in significantly less pain/discomfort during ejaculation than laser (odds ratio 0.08, 95% CI 0.01 to 0.70) and conservative management (0.05, 95% CI 0.01 to 0.42). 5% of TURP patients with normal erectile function at baseline became impotent after treatment, 20% of laser patients and 20% of conservative management patients.

CONCLUSIONS

This is one of the first well-powered randomised controlled trials to compare patient-reported sexual dysfunction following TURP, laser and conservative management. Contrary to published report, sexual function in terms of erectile problems and pain/discomfort on ejaculation were significantly improved following TURP. TURP was also significantly better than laser therapy in terms of pain/discomfort on ejaculation. Ejaculatory function was reduced in all treatment groups, but was worse following surgical treatment, particularly TURP. Men eligible for surgical treatment for lower urinary tract symptoms should also consider that erectile function and pain/discomfort may be improved, particularly following TURP.

1. New England Journal of Medicine, 1995; 332: 75-79.
2. Journal of Clinical Epidemiology, 1998; 51 (8): 677-685.