

MEASURING QUALITY OF LIFE (QOL) IN MEN WITH URINARY SYMPTOMS: USING THE WORLD HEALTH ORGANISATION'S INSTRUMENT WHOQOL-BREF

Aims of Study

It has been suggested that reported international differences in the prevalence and severity of LUTS might reflect cultural differences in the perception and willingness to report symptoms. This suggestion has called for a broader focus of LUTS and the men's perception of their living conditions and QOL has been considerably debated. The generic QOL instruments reported on in urologic research are developed in North America and the UK. Therefore, their relevance may be questioned when applied to other cultural settings. Another critic of such instruments is that their contents are restricted to functional status, perceived health or impact of disease, which is not QOL per se. World Health Organisation has developed a QOL instrument (WHOQOL) with the attempt to face these critics. WHOQOL is developed within fifteen international field centres simultaneously to ensure cross-cultural applicability. In addition, the WHOQOL reflects a broad view of QOL embedded in a cultural, social and environmental context. The drawback by broad generic instruments is their lack of sensitivity and discriminatory properties, and despite their excellent content validity they might have restricted utility. The aim of this study was to establish whether the short version (WHOQOL-bref) differentiates between severity groups in men with tentative diagnosis of LUTS awaiting urologic evaluation.

Methods

The sample consisted of men waiting for urologic evaluation. Based on the general practitioners' information in the referral letter to an urologist in secondary health care, the tentative diagnoses of BPH and LUTS were set for 612 patients who entered a waiting list for urologic evaluation. After being informed by letter about their attendance to the list, 480 patients gave their consent to participate and filled in a questionnaire containing IPSS and WHOQOL-bref. Results from IPSS (range 0-35) originated the severity groups: Mild (0 -7), moderate (8 - 19) and severe (20 - 35). The WHOQOL-bref results in a profile of 4 domains (range 4 - 20), each of which relates to a particular dimension of QOL: Physical health, psychological, social relations and environmental domain. Two single items (range 0 - 4) which measures overall QOL, and overall health perception.

Results

In the table below, scores for each of the dimensions of the WHOQOL-bref are shown. Overall, men with moderate and severe symptoms have lowered levels of QOL compared to the men with mild symptoms. Differences between the three groups are most apparent in overall QOL and in the physical health dimension, while no differences are found for the psychological and social relations' domains.

Table: Mean of the various WHOQOL domains in each I-PSS severity group.

Domain	I-PSS severity group (no.)	N	Mean	± SD	95% Confidence interval	Severity groups (no.)-(no.) with significant diff. *
Overall QOL	Mild	(1) 58	4.03	0.70	3.85-4.22	(1)-(2)
	Moderate	(2) 226	3.66	0.84	3.55-3.77	(1)-(3)
	Severe	(3) 128	3.55	0.97	3.38-3.72	
Overall health perception	Mild	(1) 59	3.58	0.91	3.34-3.81	(1)-(3)
	Moderate	(2) 228	3.36	0.95	3.24-3.49	
	Severe	(3) 129	3.22	0.97	3.05-3.39	
Physical health	Mild	(1) 60	15.92	2.46	15.28-16.55	(1)-(2)
	Moderate	(2) 223	14.67	2.79	14.30-15.04	(1)-(3)
	Severe	(3) 126	13.74	3.09	13.20-14.29	(2)-(3)
Psychological	Mild	(1) 59	15.75	1.95	15.23-16.26	
	Moderate	(2) 223	14.94	2.39	14.63-15.26	
	Severe	(3) 127	15.16	2.32	14.75-15.57	
Social relations	Mild	(1) 60	14.50	2.25	13.92-15.08	
	Moderate	(2) 221	14.39	2.57	14.05-14.73	
	Severe	(3) 127	14.37	2.71	13.90-14.85	
Environment	Mild	(1) 61	15.95	2.07	15.41-16.47	(1)-(3)
	Moderate	(2) 223	15.31	2.17	15.02-15.60	
	Severe	(3) 126	14.99	2.25	14.60-15.39	

* ANOVA Bonferroni with significant difference at 0.05 level.

Conclusions

The WHOQOL is thus able to differentiate between men in particular severity groups with tentative diagnosis of LUTS and the instrument apparently discriminates at best in the physical domain.

In various samples of chronic conditions in general, physical measures of QOL have a broader range of mean than psychosocial measures (1), which might indicate that physical aspects of QOL is more affected by chronic conditions than the psychosocial aspects.

As particular domains of QOL are deteriorating across severity groups, the WHOQOL-bref has a potential to detect improvement in these factors following treatment. As WHOQOL is constructed for international purposes, a potential use of the instrument is to internationally investigate how its domains are associated to the detected international differences in prevalence and severity of LUTS.

Reference

1. Sprangers MAG, Regt de EB, Andries F, Agt van HME, Bijl RV, Boer de JB, et al. Which Chronic Conditions Are Associated with Better or Poorer Quality of Life? J Clin Epidemiol 2000;53:895-907.