

MALE LOWER URINARY TRACT SYMPTOMS AND THEIR IMPACT ON QUALITY OF LIFE AND COPING STRATEGIES: A LARGE SCALE SURVEY

Aims of Study

Part of a large epidemiological survey on LUTS, done in Canada in 2002, focussed on male lower urinary tract symptoms (LUTS), their impact on quality of life (QoL) and the coping strategies of patients suffering from these symptoms. This is the report of that part of the survey.

Methods

A sample size of 1566 men older than 35 years of age, averaging 52 years old, were interviewed by phone by an independent survey company using standardized pre-tested questionnaires. A short symptoms questionnaire was used to single out "sufferers" and "non sufferers". The "sufferers" group completed a long symptom questionnaire, the International Prostate Symptom score (IPSS) and the King's Health Questionnaire (KHQ).

Results

Out of 1566 men, 231 (14.8%) considered themselves as having LUTS. 10.9% experienced frequency = 9 times/day and 4.6% experienced nocturia = 3 per night. 32.1% of interviewed individuals found it difficult to postpone urination; 30% had the sensation of not emptying their bladder; 27.9% had intermittency; 26.9% found that they had a weak stream; and, 18.3% had to strain to urinate. 15.3% of subjects reported urgency and 9.5% reported urinary incontinence (of any type). 7% considered themselves as having a prostate condition (BPH, cancer or prostatitis). IPSS scores were 1 to 8 in 69%; 9 to 18 in 12.7%; and =19 in 2% of subjects.

Among the individuals who considered themselves as having LUTS, 75.2 % reported a subjective impairment of their QoL. This impairment was evaluated as "a lot" by 6.5 % of subjects; "moderately" by 13.7%; "a little" by 26.8%; and, "not at all" by 47.8%. Using the KHQ, the overall impact on QoL was 1.3 (on a 1 to 4 scale). A weak correlation between IPSS and domains of the KHQ were found with a Spearman's rho of 0.39 for "sleeping/energy"; 0.3 for "emotions"; 0.3 for "personal relationship"; and 0.32 for "physical/social limitations".

For patients suffering from LUTS, 62.6% of cases did not consult a physician; 25.9% consulted a physician more than a year ago, and 9.5% had recently consulted a physician. Only 28.3% of consultants were referred to a urologist and 26.4 % were taking medication for their "prostate condition"

Conclusions

This large epidemiological survey allowed us to better understand prevalence of LUTS and sufferers' coping strategies. It also confirms the significant overall impact of symptoms on QoL. However we found an expected discrepancy between individual domains of a QoL questionnaire and symptoms. This result emphasized the importance of using both instruments for optimum evaluation of such a disease.