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Quality of life of Sudanese Patients with Benigan Prostatic Hyperplasia. The Oblivious Problem

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Abstract:

Background: Although the IPSS and QOL index are universally used, they can only quantify the severity of lower urinary tract symptoms suggestive of benign prostate hyperplasia (BPH) and evaluate treatment efficacy, but cannot fully reflect the overall quality of life. Moreover, because QOL scale depends on the culture background, it is necessary to develop a Sudanese version of the scale.

Objective: To evaluate the impact of BPH on the quality of life by assessing the physical, mental and stress states among patients of BPH.

Methodology: This study was conducted on 424 patients with BPH in Gezira Hospital for Renal Disease and Surgery (GHRDS), Sudan. The study was cross-sectional, prospective small-scale hospital based study using simple random sampling technique. The subjects were limited to the Sudanese patients, who could hear and answer the questions of the questionnaire independently and that was done for accuracy and privacy. Taking the patient's educational level into account, all items were expressed in spoken language. The data collection tool was a questionnaire which was modified to twelve items from the BPH Quality of Life Index.

Results: The majority 386 patients, 91% were physically fit. The pattern of urination was bothering to their daily life of around 320 patients/75.5%, 225 patients/53.1% of patients were worried about the outcome of the disease, 259 patients/61.1% were not concerned of having prostate cancer and 332 patients/78.2% were satisfied with their sleep. The sexual life had been affected in 201 patients/47.4%. The physical state was assessed by the ability of the patient to pray Friday Jomaa at the mosque which was 85.8% and also by attending important Sudanese obliging social activities like condolence which was (91.9%) of the patients.

Conclusion: The impact of BPH on quality of life was obviously significant in the three domains; physical, mental and stress state among patients of BPH in GHRD&S. There should be a validated scale for the BPH Quality of Life Index addressing the traditional strata for Sudanese patients.

Key words: BPH –Quality of life – GHRD&S –Sudan

Introduction:

With the recent increase in the elderly population and their increased demand for better health-related quality of life (QOL), lower urinary tract symptoms (LUTSs), which produce discomfort in elderly men, are receiving more attention. Benign prostate hypertrophy (BPH), a major cause of LUTS in elderly men, is a urinary tract disease caused by a combination of prostate hypertrophy, lower urinary tract obstruction, and dysfunction of the bladder muscles. Among elderly men over 65 years, the prevalence of BPH increases to 40–70%, and among elderly men over 70 years, it increases to 90% ⁽¹⁾. It is a major health issue among elderly men.

It is known that those with LUTS experience interference with daily activities, including discomfort, restricted travel and outings, lowered QOL due to concerns about urinary function, prostate cancer, embarrassment about urinary problems, and even psychological problems. ^(2, 3)

Several BPH-specific QOL scales have been developed, e.g the International Prostate Symptom Score (IPSS), the Danish Prostate Symptom Score (DAN-PSS-1), the International Continence Society 'male'

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questionnaire short-form (ICSmale-SF) and the BPH Quality of Life Index ⁽⁴⁻⁷⁾. Although the IPSS and QOL index are universally used, they can only quantify severity of lower urinary tract symptoms suggestive of BPH and evaluate treatment efficacy, and cannot fully reflect the overall quality of life. Moreover, because QOL scale depends on the culture background, it is necessary to develop a Sudanese version of the scale. In 2003, a 74-item BPH-QLS with five domains (disease, physical, social, psychological, satisfaction) was developed for Chinese BPH patients. Although the scale displayed good reliability and validity ^(5, 6, 7), the time required to complete it may limit its use.

Demands for efficiency, reduced respondent burden, greater compliance, and clinical feasibility have led to the development of a modified shorter questionnaire for Sudanese patients. The purpose of this study was to evaluate QOL in BPH Sudanese patients in GHRDS using a modified scale

Patient and Methods:

This study was conducted on 424 consecutive patients with BPH in the outpatient clinic of the urology department in Gezira Hospital for renal disease surgery (GHRD&S), Sudan, in the period from Jan 2012 to Dec 2012. The study is cross-sectional, prospective small-scale hospital based study using simple random sampling technique. The objective was to evaluate the impact of BPH on the quality of life by assessing the physical, mental and stress states among patients of BPH in GHRDS. The subjects were limited to the Sudanese patients, who can hear and answer the questions of the questionnaire independently and that for accuracy and privacy. Taking the patient's educational level into account, all items were expressed in spoken language. The data collection tool was a questionnaire which was modified to twelve items from the BPH Quality of Life Index, which is composed from 74 items; the modification was according to the Sudanese culture, tradition and customs. Data was collected using a data collecting sheet (annexes), then entered using the software SPSS version 17 (2009), for analysis.

Results:

A total of 424 patients were enrolled in this study. Their mean age was 66.45 +/- 9.21 (S.D). Most of the patients (91.5%) were from Gezira state. The majority of the patients were retired (45%) and (24.2%) were farmers and the remaining (30.2%) were in different jobs e.g worker, teacher. The mean duration of symptoms was 20 months +/- 24.69 (SD). The mean cost of the referred clinic visit was 29.71 Sudanese pounds +/- 46.67 (SD).

The physical state was assessed by the ability of the patient to pray Jomaa at mosque which was 85.8% and by attending important Sudanese social activities like condolence and it was (91.9%) of the patients (Figure 1).

The mental and emotion state: In most of patients the pattern of urination was bothering to their daily life (75.5%). About (53.1%) of patients were worried about the outcome of the disease while the rest (46.9%) were not. The majority (61.1%) of the patients were not concerned of having prostate cancer. The patients were asked how they would feel if they spend the rest of their life with prostate symptoms just as they are now. The answer was satisfied and happy in 46% and pleased in 8%. Regarding satisfaction with their sleep; (78.2%) were satisfied and (21.8%) were not satisfied (Figure 2).

The stress state: About (81%) did not look to themselves as a burden to their families or the society and (19.4%) lost their family responsibility because of the illness. The sexual life had been affected in (47.4%)

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(Figure 3).

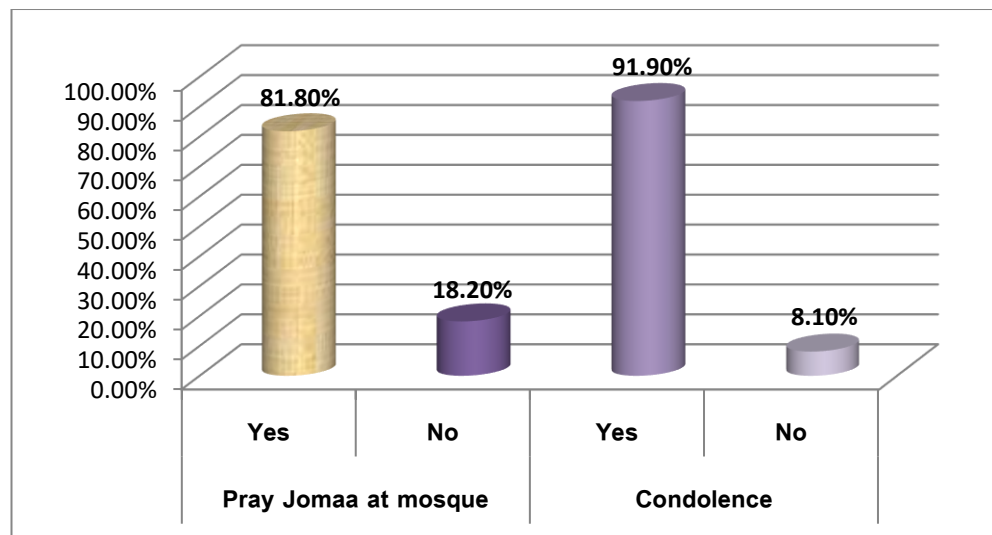


Figure (1): The impact of BPH on quality of life in GHRDS, physical state

Discussion:

Quality of life measures have gained increasing attention as clinically relevant patient-centered endpoints in clinical trials. However, in a clinical setting, a lengthy quality of life scale is problematic for both the patient and the urologist. Short scale minimizes a patient's time and effort, and thus increases a patient's willingness to complete. The short-form BPH-QLS developed in the study was constructed based on the BPH Quality of Life Index and a previously developed 74-item scale. In this study, we added some new items which were considered important by urologists and patients, which were ignored in the 74-item scale, after consulting experienced urologists.

In this study most of the patients were from Gezira state (91.5%) although our hospital covers wide area outside Khartoum, extending from El Obied and El Nehood in the west to Port Sudan in the east.

The majority of the study population were retirees (mean age 66.55 years), the importance of that is the ability of retired patients to buy the medications (the cost of drugs per month approximately 250 Sudanese pounds) in comparison with the retirees minimum level of income in Sudan which is 250 SP. From that we feel how much the patients are suffering to have their medications but fortunately all of the retirees have health insurance.

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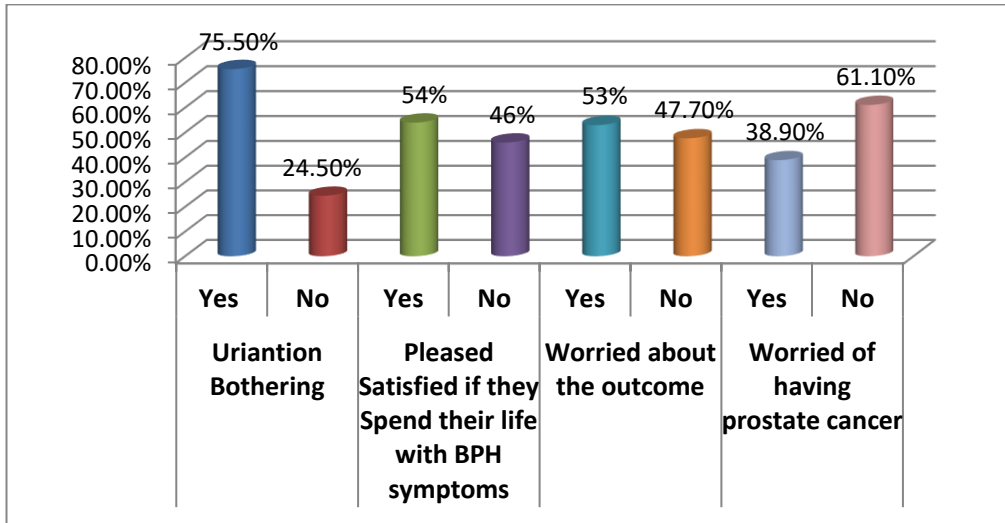


Figure (2): The impact of BPH on quality of life in GHRDS, Emotion state:

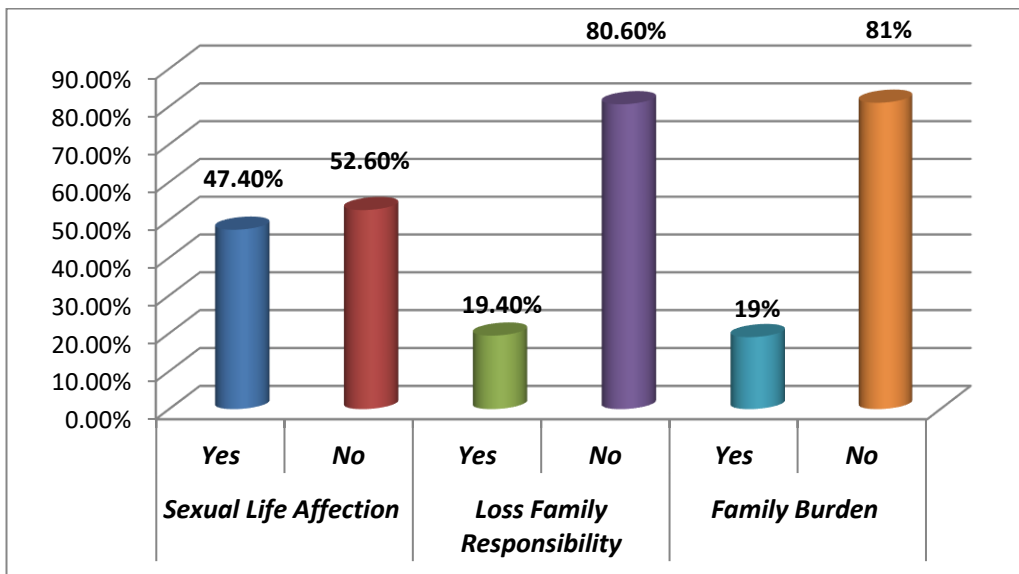


Figure (3): The impact of BPH on quality of life in GHRDS, Stress state:

The mean cost of referred clinic visit in our study was 29.7 Sudanese pounds (sp), those costs were due to: (1) The travel of the patient and his companion from home to the hospital; (2) Referred clinic fees (6 SP) and (3) The time of referred clinic in the morning and during this period the patient and his relative might have a breakfast.

Physical state: The two questions for physical fitness were modified according to Sudanese traditions and customs (pray Jomaa at mosque and condolence). The majority of the patients were physically fit (91.9% and 81.8% respectively), this high rate of fitness is due to the importance of those social activities for elder Sudanese, whatever the preventing factors (e.g illness).

Emotion state: The pattern of passing water as bother to their daily life was 75.5% of the patients and that

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was explained by the presence of the lower urinary tract symptoms (LUTS) especially nocturia while having the medications which might improve the symptoms and accordingly the final plan (increase the dose versus surgery). There was high rate of satisfaction if the patient spends the rest of his life with the symptoms (54%).

A survey was conducted to obtain information on sociodemographic characteristics, associated illnesses, prostate symptoms based on the International Prostate Symptoms Score (I-PSS), and QoL based on the 36-item Short Form Health Survey (SF-36). The mean age was 68.8 ± 6.9 SD. 54.1% had severe symptoms (I-PSS > 19), and 69.8% reported that they were extremely dissatisfied with their symptoms⁽⁸⁾. The result is comparable and this is related to the Sudanese religion believes in the destiny particularly elder patients. Most of the patients were not worried of having prostate cancer (61.1%). A 5-point Likert scale consisting of 4 questions, which was developed by Epstein et al. was used to measure the degree of worry due to LUTS⁽⁹⁾. The questions considered voiding function, sexual function, and worry about the possibility of getting prostate cancer. The scores ranged from 0 (not at all worried) to 4 (very much worried)⁽¹⁰⁾. In this study we used only two questions to assess the worry. We found that (53%) of patients were worried about the outcome, because the outcome is either to continue on medications or they might need surgery. The last option for the patients usually is not preferable, because of the costs, expenses and the long term postoperative complications (Incontinence, retrograde ejaculation, erectile dysfunction, and posterior urethral stricture ...ect) which might occur.

Stress state: The sexual life was affected in (47.4%) of the patients and that was in correlation to: (1) The age; (2) The side effects of the drugs (e.g finasteride) and (3) Psychological factors e.g BPH.

In our study (90.6%) were family responsible, because most of them were retirees and they have health insurance (cost of medication for them is fifty SP), so the rest of the salary can help in the family support. The majority (89%) they didn't look on themselves as a burden to the family and the society, because the Sudanese family is an integrated unit and they help each other as much as possible, so this had good impact on the patients.

The compliance of subjects is a very important indicator of the effectiveness of a scale, and this is often influenced by the length of the scale (the shorter the scale the easier it is to administer). Currently, IPSS, BII and BPH-HRQOL9 are widely used in clinical setting because they are short, and are reported to have completion rates of over 85%.⁽¹¹⁻¹²⁾

Conclusion:

The impact of BPH on quality of life was obviously significant in the three domains; physical, mental and stress state among patients of BPH in GHRD&S. There should be a validated scale for the BPH Quality of Life Index addressing the traditional strata for Sudanese patients.

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