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Genitourinary Symptoms—Patient Help-Seeking and General Practitioner Management: An Outpatient Based Survey at a Tertiary Hospital in Southern Italy

Cristina Scalici Gesolfo, Francesco Sommatino, Salvatore Romeo, Salvatore Scurria, Vincenza Alonge, Giovanni Caruana and Vincenzo Serretta*

From the Section of Urology, Department of Surgical, Oncological and Stomatological Sciences, University of Palermo, Palermo, Italy

Abstract

Introduction: General knowledge of most common genitourinary diseases is often lacking. In this survey we evaluated the attention given by patients and general practitioners to genitourinary symptoms, and particularly to hematuria and potential early signs of genitourinary cancer.

Methods: A structured self-administered questionnaire was administered to outpatients before the urological consultation. The questionnaire consisted of 4 multiple choice questions to record the level of patient awareness of urological symptoms, the importance given to gross hematuria, the interval between the onset and the visit, the regularity of physical examination and the first-level investigations indicated by the general practitioner before the urological consultation.

Results: A total of 327 self-administered questionnaires were obtained from 358 consecutive patients for a compliance rate of 91.3%. Asymptomatic gross hematuria was present in 91 cases (27.8%). The first episode of hematuria was not reported by 20% of the patients, with a median delay of 11 months. Only 77 patients (23.6%) in the last 5 years had received a physical examination including the external genitalia. Laboratory and/or imaging investigations were indicated before urological counseling in 172 (52.6%) patients.

Conclusions: The majority of patients underestimated urological symptoms. Less than 25% and 50% of patients had a physical examination and first-level investigations performed before urological counseling, respectively. Our survey reveals an important lack of awareness of genitourinary symptoms that could be responsible for delayed diagnosis and inappropriate treatment.

Key Words: delivery of health care, hematuria, general practitioners, male urogenital diseases, female urogenital diseases

Abbreviations and Acronyms

GP = general practitioner

One of the main aims of the health care system is to achieve an early diagnosis and proper cure, avoiding the complications of advanced disease. This is particularly true for tumors. A better way to reach these goals is to increase

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* Correspondence: Via Piero della Francesca 68, 90127 Palermo, Italy (telephone: +39 34733774241; FAX: +390916552417; *e-mail address:* vserretta@libero.it).

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awareness of the symptoms and signs of the disease at its early onset among patients and doctors.

The concept of public health including psychosocial aspects is a relatively new one, and in developed Western countries it differs in terms of gender, country, cultural level and help-seeking behavior.[1] The health care system in Italy allows the patient to undergo urological counseling without referral from a GP through an emergency admission, although with a longer waiting time. Nevertheless, the consultation of the GP is often the first step. In general practice many urological symptoms and signs are relatively common and related to benign diseases, which leads to underestimation by patients as well as GPs. Although common among benign diseases, macroscopic hematuria should be considered indicative of urological cancer until proven otherwise.[2] This is particularly true in the elderly.

Delay and undervaluation generate an adverse outcome of the disease, above all in males, since most do not believe the GP to be the appropriate medical figure to assist with the disease of their reproductive system.[3] Moreover, males lack the regular counseling females have with the gynecologist.

To date only a few studies have analyzed the link between GPs and patients in regard to urological diseases with the purpose of improving awareness.[2] Although fundamental for a correct diagnosis, not much time is devoted in clinical practice to adequate counseling and to a complete physical examination, mainly due to the high number of visits per day.[4,5] In this survey we evaluated the level of attention to urological symptoms and signs by GPs and patients in a district in Southern Italy.

Materials and Methods

The survey was conducted among outpatients at their first urological visit. Patients previously admitted at our unit or other urological units were excluded from the study. A structured, self-administered questionnaire was administered. The questionnaire included the 4 multiple choice questions of 1) How much time has elapsed between your first urological symptom and this consultation? 2) Have you ever seen blood in your urine? Did you inform your doctor? 3) Has your doctor ever prescribed a urological visit or investigations? 4) Have you had a physical visit including external genitalia in the last 5 years? If yes, was this at your request or the doctor's decision?

The urologist was blind to the answers. The patient was asked if the urological visit was requested by GP, the emergency department or other specialists. The initial signs and symptoms requiring the urological counseling and the final diagnosis were recorded. The question on the physical visit excluded rectal and vaginal digital exploration since this is usually not performed by Italian GPs. When required, the patient is referred to a specialist.

The study was stopped if improper attention to genitourinary symptoms was detected in less than 2 of the initial 20 patients (cutoff 10%). Conversely at least 200 consecutive patients should be recruited.

Results

Overall 327 questionnaires from 358 patients were obtained for a compliance rate of 91.3%. Of 327 patients 255 (78%) were men with a median age of 61 years. More than half of the patients (63.6%) were referred to our attention by a GP, 74 (22.6%) by other specialists and 45 (13.7%) by the emergency department (table 1).

The admission diagnosis is shown in table 2. A total of 91 patients (27.8%) presented with asymptomatic gross hematuria. Of these patients 18 (19.7%) underestimated the first episode. Median delay from symptom onset to urological counseling was 11 months. In 66 patients (20.2%) a genitourinary tumor was detected.

When asked about the physical examination performed by the GP, 77 male patients (30.2%) reported at least 1 objective examination of the external genitalia in the last 5 years. Of these patients 49 (63.6%) were examined at their own request (table 3). The GPs prescribed laboratory and/or imaging tests before the urological visit in 152 patients (53.5%). The GP approach to gross hematuria is shown in table 4. At the first episode of asymptomatic gross hematuria a urological consultation was not requested in 22 (24.2%) of 91 patients. Therapy was prescribed without any investigation in only 4 cases (5%).

Discussion

Although medical history and physical examination are fundamental aspects of a prompt and correct diagnosis, they are often undervalued in everyday general clinical practice. The diagnostic value and the impact on the outcome of the disease of some urological symptoms and signs in primary

Table 1.
Study patient data

	No. (%)
Pts enrolled	358 (100)
Questionnaires completed	327 (91.3)
Referral to urologist (327 pts):	
GP	208 (63.6)
Other specialists	74 (22.6)
Emergency department	45 (13.8)

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