



# Psychosocial outcome in adult men born with hypospadias



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## Keywords

Hypospadias; Follow-up;  
Psychosocial; Health-related  
quality of life; Psychosocial  
general well-being  
(questionnaire)

Received 29 March 2016  
Accepted 29 August 2016  
Available online 9 September  
2016

## Summary

### Introduction

Hypospadias, which is a surgically treated congenital malformation of the male urethra, may have a negative impact on quality of life. This aspect has previously been subject to limited research. This study examined the long-term psychosocial outcome of a large cohort of adult males born with hypospadias.

### Objective

The purpose of this case–control study was to assess a possible negative influence on the psychosocial outcome in adult males with hypospadias.

### Study design

Males with hypospadias treated in Sweden and aged  $\geq 18$  years old participated in this follow-up study. Age-matched men and university students were recruited as controls. The participants answered a questionnaire designed to reflect the subjective quality of life, social factors, need of support and follow-up, and the perceived impact of the disease upon upbringing. It also looked at the validated Psychological General Well-Being (PGWB) questionnaire and Relationship Questionnaire (RQ).

### Results and discussion

A total of 167 patients (median age 34 years, 63% distal, 24% mid, and 13% proximal hypospadias) and 169 controls (median age 33 years) participated in the study. Patients had their first

operation at 4 years of age (median) and the median follow-up time was 29 years following the first surgery.

Men with hypospadias had a comparable total quality of life level with a mean total PGWB score of 82 (normal range 78–83) compared with 85.6 in controls. Scores on wellbeing and vitality were lower, even if the differences were small. Hypospadias did not affect marital status, presence of children in the family, frequency of employment or experience of bullying. These men more often lived at home with their parents ( $P=0.001$ ) and had a lower level of education ( $P=0.004$ ), even if the educational level in both patients and controls was high compared with the general Swedish population. Patients with proximal hypospadias were shorter compared with controls ( $P=0.003$ ), which was consistent with the prenatal growth restriction associated with hypospadias. The group with proximal hypospadias expressed a greater need for medical (45.5%) follow-up compared with mid (28.2%) and distal (18.1%) cases ( $P=0.001$ ). Patients with proximal hypospadias tended to avoid close relationships because of fear of being hurt.

### Conclusions

The findings suggested that patients treated for hypospadias have a good HRQoL, can be expected to have a normal psychosocial life, and marry and have children. Repeated follow-up and psychological support during childhood/adolescence is however of great importance for patients with more proximal hypospadias.

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**Summary table** Characteristics of study population and basic psychosocial data.

	Patients	Controls	Chi-squared (Fisher's test*) P-value
	Number of cases	Number of controls	
Number (N)	167	169	
Age, years (Md)	34 (SD 8)	33 (SD 7)	
Hypospadias phenotype			
Distal	105 (63)	—	
Mid	40 (24)	—	
Proximal	22 (13)	—	
Age at first surgery, years	4 (0–21)	—	
Follow-up time, years (Md)	29 (6–48)	—	
	N (%)	N (%)	
Married/co-habitant			
Yes	100 (60)	106 (63)	
No	67 (40)	63 (35)	0.593
Partner			
Yes	119 (72)	123 (76)	
No	47 (28)	38 (24)	0.332
Biological children			
Yes	63 (38)	58 (34)	
No	104 (62)	111 (66)	0.131
Working			
Yes	131 (78)	128 (76)	
No	36 (22)	41 (24)	0.556
Signed off/disability pension			
Yes	3 (2)	0 (0)	
No	36 (98)	169 (100)	0.122*
University degree			
Yes	72 (43)	102 (60)	
No	92 (55)	64 (38)	<b>0.004</b>
—	3 (2)	3 (2)	
Living at home with parents			
Yes	16 (10)	2 (1)	
No	151 (90)	167 (99)	<b>0.001*</b>
Stature, cm (Md)	IQR	IQR	
Control	—	183 (10)	—
Distal	183 (5)	—	1.000**
Mid	173 (10)	—	0.099** (P-value compared)
Proximal	158 (25)	—	<b>0.029**</b> (to controls)

\*\*P-value compared with controls.

Values in bold indicate significant difference.

The significance level is 0.05.

IQR, interquartile range; Md, median; N, number.

## Introduction

The incidence of hypospadias is 1 in 125 boys in Sweden [1]. Despite the relatively common prevalence of this birth defect, there are few reports on the psychosocial outcome after hypospadias surgery [2–7]. Patients with disorders of sex development (DSD) have an increased risk for altered gender role behaviour and an affected upbringing [8]. Although usually not associated with DSD, hypospadias is also a surgically treated congenital disease where patients are later subjected to repeat genital exams, which might have a negative impact on health and

psychosocial issues, as well as feelings of security and happiness in relationship to others. The effects of these factors on the quality of life have been subject to limited research.

The studied cohort have been subject to a previous study concerning the urological results after hypospadias surgery, including urological exams, uroflow measures and questionnaires concerning lower urinary tract symptoms and satisfaction with the cosmetic result, showing more urological problems and a decreased satisfaction with the cosmetic results, especially in patients with proximal hypospadias, compared with controls [9].

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