



Original article

Health care-seeking behavior in benign prostatic hyperplasia patients

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ABSTRACT

Objective: Lower urinary tract symptoms secondary to benign prostatic hyperplasia (BPH) are highly prevalent in aging men and have a significant impact on the quality of life of patients. Moreover, BPH is progressive and can cause worsening symptoms and the risk of serious long-term morbidity. An efficient diagnostic approach is an essential beginning in the management of BPH; thus, we conducted this study to assess health care-seeking behaviour in BPH patients.

Materials and Methods: We recruited 101 patients with BPH which was defined as enlarged prostate with the exclusion of the possibility of prostate cancer between September 2007 and April 2008. All patients were proved to have an enlarged prostate as measured by ultrasonography. All patients completed two questionnaires: one is International Prostate Symptom Score (IPSS)/quality-of-life questionnaire, and the other one consists of principal reasons for patients to seek medical advice, the expectation for BPH treatments and the unwanted side effect of medical treatments.

Results: The majority of patients (71.3%) reported that bothersome urinary symptoms were the principal reason they sought medical advice. Other reasons included fear of prostate cancer (8.9%), attendance through physical check-up (14.9%), and a request by family or friends (1.0%). Patients seeking advice due to bothersome urinary symptoms had an average IPSS of 6.2 higher than those attending for any other reasons. As for ranking attributes of therapies, about half of the patients (48.6%) were very concerned about the risks of long-term complications, namely acute urinary retention and surgery. Other preferences for treatments comprised prostate size decrease (24.8%) and avoidance of prostate cancer (24.8%).

Conclusion: Bothersome urinary symptoms drive most BPH patients to consult a physician. When considering medical treatments for BPH, about half of the patients wish to reduce the risk of long-term complication, such as acute urinary retention and BPH-related surgery.

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1. Introduction

Benign prostatic hyperplasia (BPH) is a highly prevalent disorder in aging male. The bladder outlet obstruction caused by this condition occurs despite variations in prostate size. Symptoms of BPH include the irritative (frequency, nocturia, and urgency) and obstructive (weak stream, dribbling, intermittency, and hesitancy) symptoms termed as lower urinary tract symptoms (LUTS).¹ These symptoms have a negative influence on the patient's quality of life and can interfere with daily activities.² Both the incidence and prevalence of LUTS/BPH increase linearly with age; symptomatic

BPH has been reported in approximately 25% of men over 40 years and more than 30% of men over 65 years.³

BPH is also a progressive disease, mainly characterized by a deterioration of LUTS gradually, and in some patients by the development of serious complications such as acute urinary retention and the need for BPH-related surgery.⁴ In addition, comorbid conditions frequently exist in parallel with LUTS/BPH; diabetes is associated with greater BPH symptom severity, and significant relationships between hypertension and LUTS secondary to BPH have been reported.^{5,6}

Studies demonstrate that men often recognize LUTS as an inevitable result of aging and that they are poorly educated about their symptoms. They often delay consultation, primarily due to uncertainty or cognitive deficit, but also by reason of more deliberate neglect.⁷ An efficient diagnostic approach is an essential

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beginning in the management of BPH; thus, we conducted this study to assess health care-seeking behavior in BPH patients.

2. Materials and methods

A total of 101 patients with newly diagnosed BPH with LUTS, which was defined as an enlarged prostate with the exclusion of the possibility of prostate cancer, were recruited from the urological outpatient department in our institution between September 2007 and April 2008. All patients underwent digital rectal examination and prostate-specific antigen blood test to rule out the possibility of prostate cancer. All patients were proved to have an enlarged prostate, defined as a prostate volume of more than 20 c.c., as measured by ultrasonography.⁸ Patients with obvious bladder pathology, such as a bladder tumor or vesical stone, were excluded. At recruitment, all patients completed two questionnaires: one is International Prostate Symptom Score (IPSS)/quality-of-life questionnaire, and the other consists of principal reasons for patients to seek medical advice, expectation for BPH treatments, and unwanted side effects of medical treatments (Table 1). In addition, all the patients underwent uroflowmetry.

Statistical analysis was carried out with the use of Statistical Package for Social Science (SPSS) version 15.0. Collected data are presented descriptively. Besides, *t* test and Mann–Whitney *U* test were used to examine the differences between groups.

3. Results

Patient characteristics at recruitment are summarized in Table 2. The majority of patients (71.3%) reported that bothersome urinary symptoms were the chief reason for them to seek medical advice

Table 1
Questionnaire about health-seeking behavior

| | |
|--|--|
| Reasons of patients seeking medical advice | |
| Bothersome urinary symptoms | |
| Fear of prostate cancer | |
| Attendance through physical check-up | |
| Request by family or friends | |
| Others | |
| Expectation for BPH treatments | |
| Reduction in the risk of requiring surgery | |
| Reduction in the risk of AUR | |
| Reduction in the risk of prostate cancer | |
| Reduction in prostate size | |
| Others | |
| Unwanted side effects of medical treatments | |
| Impairment of liver or kidney function | |
| Impairment of sexual function | |
| Dizziness | |
| Hypotension | |
| Others | |

AUR = acute urinary retention; BPH = benign prostatic hyperplasia.

Table 2
Patient characteristics

| | Mean ± SD |
|--------------------|-----------------|
| Age at recruitment | 72.14 ± 10.31 |
| IPSS | |
| Total score | 16.22 ± 7.82 |
| Storage subscore | 6.13 ± 4.05 |
| Voiding subscore | 10.41 ± 5.79 |
| Quality of life | 3.54 ± 1.24 |
| Uroflowmetry | |
| Voided volume | 235.08 ± 114.05 |
| Maximum flow rate | 11.86 ± 4.95 |
| Mean flow rate | 5.77 ± 2.38 |

IPSS = International Prostate Symptom Score; SD = standard deviation.

(Figure 1). Other reasons were fear of prostate cancer (8.9%), attendance through physical checkup (14.9%), and a request by family or friends (1.0%).

As for ranking attributes of therapies, about half of the patients (48.6%) were very concerned about the risks of long-term complications, namely, acute urinary retention and surgery (Figure 2). Other preferences for treatments comprise prostate size decrease (24.8%) and avoiding of prostate cancer (24.8%).

Kidney or liver function impairment was reported as the most concerned side effect of medical treatment (73.3%), followed by other reasons (10.9%), sexual function impairment (6.9%), and dizziness (3.0%). No one worried about the development of hypotension. Five (5.0%) patients stated that they did not care about any side effects (Figure 3).

The differences in IPSS and uroflowmetry between patients seeking advice as a result of bothersome urinary symptoms and those attending for any other reason are shown in Figures 4 and 5. All the parameters of IPSS were significantly different between patients seeking advice as a result of bothersome urinary symptoms and those attending for any other reason (all *p* < 0.05). Patients seeking advice because of bothersome urinary symptoms had an average IPSS of 6.2 higher than that of patients attending for any other reasons. There were no statistically significant differences in uroflowmetry variables and age distribution between these two groups.

4. Discussion

The results of our study showed that about 70% of men initially consulted their physician because of bothersome urinary symptoms. Such patients had a significantly higher IPSS than those attending for any other reason. On the whole, our findings are consistent with those observed in prior studies. The TransEuropean Research Into the Use of Management Policies for LUTS suggestive of BPH in Primary Health care study found that the majority (77%) of the patients reported that bothersome urinary symptoms were the reason why they sought medical advice.² The Prostate Research on Behavior and Education survey reported that most men initially consult their physician because of classic signs and symptoms of BPH related to LUTS.⁹ In a population-based study of black American men, Sarma et al¹⁰ found that the frequencies of irritative symptoms such as frequency, nocturia, and urgency were most highly associated with health care-seeking behavior.

As for ranking attributes of therapies, about half of the patients (48.6%) were very concerned about the risks of long-term complications, namely, acute urinary retention and surgery. The Prostate Research on Behavior and Education survey indicated that more than three-quarters of patients reported that they would prefer a drug that provides a 50% reduction in the risk of needing surgery rather than a drug offering faster symptom relief.⁹ In addition, results from US and British surveys demonstrated that patients are willing to trade immediate symptom relief for a reduction in the risk of progression.^{11,12} We believe that BPH patients are more concerned about symptoms than long-term complications, but this survey showed the opposite observation. The progressive nature of BPH might be used as a prescription driver.

Kidney or liver function impairment was reported as the most concerned side effect of medical treatment (73.3%). The two main medications for the management of BPH are alpha-blockers and 5 α -reductase inhibitors. Actually, lead to kidney or liver function impairment. Interestingly, about three-quarters of BPH patients were concerned about this issue. Additionally, rare adverse effects resulted from BPH treatments, such as hearing impairment and hepatotoxicity, should be kept in mind. The result reflects the views

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