

COMPARISON OF IPSS VERSUS ICS MALE SF IN THE INITIAL WORK UP OF PATIENT ASSOCIATED WITH BPH

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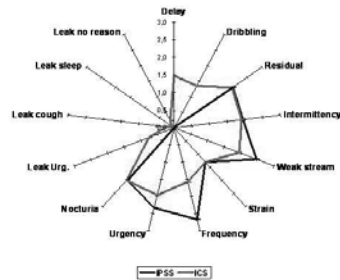
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Introduction & Objectives: IPSS is the standard questionnaire in the work up of LUTS suggestive of BPH. However one of its limits is the lack of questions concerning urinary incontinence. The ICS male SF symptom score (ICS) includes 6 additional questions: 4 about urinary incontinence and 2 in the domain of voiding symptoms (delay and dribbling). We have compared these two symptom scores (IPSS vs. ICS) in order to decide if it was time to abandon the IPSS to the benefit of the ICS in the initial work up of patients complaining of LUTS associated with BPH.

Material & Methods: 158 patients already known to have a BPH (defined with DRE, US, PSA) have been asked to complete the IPSS and the ICS at D0 and D15. The two questionnaires have been compared through two judgment criteria: prevalence of symptoms and the degree of induced bothersomeness associated with each question.

Results: The prevalence of symptoms is reported in the graph: The IPSS covers a larger surface than the ICS for the homologous questions. The prevalence of incontinence is low. For the bothersomeness: none of the 6 additional questions of the ICS have a grade over 2 on its own. This fact questions the added value of the 6 additional items of the ICS to compare with the questions of the IPSS.

Induced bothersomeness (%)	IPSS	ICS
Bladder not emptied	5.7	6.96
Stop and start while you urinate	5.06	5.7
Weak stream	10.13	10.13
Strain to continue	0.63	0.63
Delay to urinate		0
Slight wetting after urinating		0
Frequency	11.39	6.96
Urgency	6.96	10.13
Nocturia	6.33	17.72
Leak before getting to the toilet?		0
Leak when you cough or sneeze		0
Leak for no reason		0
Leak while asleep		0



Conclusions: In spite of its limits (lack of questions concerning the bothersomeness and lack of questions concerning incontinence), the IPSS remains a robust questionnaire in the initial work up of patients with BPH. The ICS male SF is also limited by a lack of questions concerning the bothersomeness associated with each question. The symptoms of incontinence in the initial work up are rare and tightly associated with the symptoms of storage in term of bothersomeness. For these two reasons the ICS questionnaire is not the final answer to the initial work up of patients complaining of LUTS associated with BPH.

PATIENTS WITH ELEVATED PSA AND INDWELLING CATHETER AFTER ACUTE URINARY RETENTION (AUR): A PROSPECTIVE STUDY OF 63 PATIENTS WITH 7- YEAR FOLLOW-UP

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Introduction & Objectives: Elevated PSA value in the presence of an indwelling catheter is still an enigma: is it related to the catheter itself or does it represent a pathological condition requiring biopsy? The aims of this prospective study were: to investigate the reliability of elevated PSA levels in patients with normal DRE and indwelling catheter after AUR; to assess the impact of preoperative TRUS-biopsy in detecting prostate cancer in such circumstances; to estimate the crucial duration of follow-up period.

Material & Methods: 63 patients were included in the study. PSA was assessed 5 days after catheter insertion. All patients failed to void without catheter and have been scheduled for surgery. TRUS-biopsy was performed before operation. All patients underwent surgery at least two weeks after prostate biopsies. Postoperative follow-up visits continued for at least 7 years. Biopsies were taken when indicated by persistently elevated PSA or an abnormal DRE.

Results: Mean PSA before catheter insertion differed significantly from PSA obtained on the 5th day after AUR ($p = 0.001$). Mean prostate volume calculated on TRUS was 80.5 ± 28 ml. Mean duration of indwelling catheter placement was 37.8 ± 7.97 days. Mean delay in operative treatment as a result of preoperative evaluation was 23.548 ± 2.487 days. Preoperative TRUS-biopsy diagnosed carcinoma only in 2 patients, while postoperative pathologic exam detected 3 patients with carcinoma. During 42 months of 7-year follow-up cancer was revealed in 8 patients. It must be also emphasized that 37% of our patients were actively requested to come back for follow-up visits. Mean PSA value in the follow-up period was significantly elevated in patients with carcinoma: 5.99 ± 3.34 v/s 2.34 ± 1.68 ng/ml ($p = 0.007$).

Conclusions: Cancer detection rate on preoperative biopsies in patients with AUR and indwelling catheter is low. These patients could be safely operated on without any delay. However, in order to detect clinically important cancer in the peripheral zone a postoperative monitoring period should be recommended: starting 6 months after operation and continuing subsequently for at least 4 years. Postoperative PSA level is the strongest predictor of cancer detection and could be usefully employed in these patients.

OUTPATIENT MEDICAL CARE FOR LOWER URINARY TRACT SYMPTOMS (LUTS) IN THE US

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Introduction & Objectives: Lower Urinary Tract Symptoms (LUTS) are common among older men and have a significant negative impact on quality-of-life. We designed this study to estimate the number of out-patient and emergency room visits in the US in 2004 for LUTS in men 40 years or older.

Material & Methods: A national probability study was conducted using the National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS) conducted annually by the National Center for Health Statistics (NCHS) and the Centers for Disease Control and Prevention (CDC). The NAMCS and NHAMCS represent annual, cross-sectional, national probability study of outpatient and emergency room care in the United States. The sampling frame consists of patient visits to freestanding ambulatory care clinics, hospital ambulatory care clinics and emergency rooms. Data used in this study were limited to men who were 40 years of age or older. The reason for a patient visit was classified according to an NCHS coding system (using ICD-9 codes). We studied patient visits for any of the BPH or LUTS symptoms (hesitancy, straining, weak flow, prolonged voiding, partial urinary retention, overflow incontinence, frequency, urgency, urge incontinence, nocturia and painful urination). Patients with any diagnosis of urinary tract infections were excluded from the study.

Results: During 2004, there were 6,893,761 patient visits for LUTS and/or BPH in the US. Of these, a diagnosis of BPH was made in 5,644,794 visits while obstructive LUTS symptoms were seen in 818,773 visits and irritative LUTS in 779,638 patient visits. Partial or incomplete urinary retention was the main cause of physician visit in 736,861 visits.

Conclusions: Lower Urinary Tract Symptoms in men older than 40 years account for a large number of physician visits in the US. The medical need for these conditions will likely increase with the aging of the population.

EXAMINATION OF THE RELATIONSHIP BETWEEN PROSTATE INFLAMMATION, LOWER URINARY TRACT SYMPTOMS AND CLINICAL PROSTATITIS-LIKE SYMPTOMS: BASELINE DATA FROM THE REDUCE TRIAL

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Introduction & Objectives: REDUCE is an ongoing, 4-year, phase III, placebo-controlled study to determine if daily dutasteride 0.5 mg reduces the risk of biopsy-detectable prostate cancer. All men were biopsied prior to study entry enabling the baseline relationship between prostate inflammation, lower urinary tract symptoms (LUTS) and prostatitis-like symptoms to be examined.

Material & Methods: Eligible men were 50–75 years old, with serum prostate-specific antigen ≥ 2.5 ng/mL and ≤ 10 ng/mL (50–60 years) or ≥ 3.0 ng/mL and ≤ 10 ng/mL (>60 years) and an International Prostate Symptom Score (IPSS) < 25 (or < 20 if already on alpha-blocker therapy). Acute prostatitis was an exclusion criterion. Inflammation was assessed across biopsy cores and the amount of inflammation scored as none (0), mild (1), moderate (2) or marked (3). The IPSS and the Chronic Prostatitis Symptom Index (CPSI) were used to assess LUTS and prostatitis-like symptoms. Spearman rank correlations determined (a) the relationship between inflammation scores (averaged over all cores) and total IPSS, grouped IPSS (0–3, 4–7, 8–11, 12–15, 16–19, ≥ 20), and irritative, obstructive and nocturia sub-scores, and (b) the relationship between IPSS (total and component scores) and CPSI scores (pain domain, average pain [question 4], urinary symptoms domain, quality of life domain, total CPSI and presence of clinically relevant pain [perineal and/or ejaculatory pain and a total pain score of ≥ 4]). Linear regression was used to examine the contribution of inflammation versus age and body mass index to the overall relationship between inflammation and symptoms.

Results: Statistically significant but very weak correlations were found between average chronic inflammation score and IPSS variables, but not between chronic inflammation score and most CPSI variables. After adjustment for other covariates, higher values of age and average chronic inflammation were significantly associated with higher IPSS scores. There was a high degree of correlation between most symptom components of the IPSS and the CPSI. Statistically significant, but weak, correlations were found between the IPSS and the degree of pain on the CPSI.

Conclusions: These data suggest a relationship between the degree of chronic inflammation and LUTS, but not clinical prostatitis-like symptoms, in the REDUCE population. Nevertheless, men with more severe LUTS are more likely to experience pelvic pain as part of their symptom complex. Longitudinal four-year follow-up will determine the impact of baseline prostate inflammation on progression of LUTS and/or associated complications.