

REGIONAL DIFFERENCES IN THE CLINICAL PROFILE OF 3,230 MEN CONSULTING FOR LUTS IN EUROPE, RUSSIA, MIDDLE-EAST, LATIN AMERICA AND ASIA

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INTRODUCTION & OBJECTIVES: To compare the clinical profile of men complaining of lower urinary tract symptoms (LUTS) enrolled in a world-wide study assessing the efficacy and safety of alfuzosin 10mg once daily in real life practice.

MATERIAL & METHODS: Baseline characteristics of 3,230 patients complaining of LUTS in 5 regions (Europe, Russia, Middle-East (ME), Latin America (LA) and Asia) were collected by GPs and urologists. LUTS and related bother were assessed using linguistically validated translations of IPSS. Prostate size was estimated in all patients by serum PSA tertiles.

RESULTS: Significant differences in age, duration of LUTS, prostate size, and severity and bothersomeness of LUTS are observed from one region to another. Asian men have smaller prostates, the shortest duration of LUTS before consulting and are the most bothered by LUTS. European men have larger prostates but are the least bothered by LUTS. Russia, LA and ME have the highest rate of previous acute urinary retention (AUR) without surgical outcome.

	Europe (n=2059)	Russia (n=199)	ME (n=305)	LA (n=457)	Asia (n=210)	p
Age: Years ^o	66.0 (8.5)	66.3 (8.4)	63.5 (9.4)	63.6 (8.9)	64.6 (9.4)	<0.001
Duration of LUTS: months ^o	41.5 (45.6)	59.4 (45.6)	33.3 (42.1)	35.0 (33.3)	19.6 (23.3)	<0.001
PSA (ng/ml)	<1.4	32%	29%	30%	45%	52%
	1.4-3.2	32%	40%	45%	33%	35%
	3.2	36%	31%	25%	22%	13%
IPSS	<8	9%	5%	4%	4%	7%
	7-19	60%	74%	46%	61%	56%
	20-35	31%	21%	50%	35%	37%
Bother	0-1	6%	1%	1%	2%	3%
	2-4	77%	77%	78%	61%	57%
	5-6	17%	22%	21%	37%	40%
Qmax: ml/s ^o	12.1 (5.0)	ND	ND	13.6 (5.8)	11.5 (4.8)	<0.001
Previous AUR ^{oo}	2.6%	5.5%	6.2%	7.4%	1.4%	<0.001

^omean (sd) values; ^{oo}previous acute urinary retention without BPH surgery; ND: not done.

CONCLUSIONS: This analysis confirms there are important regional differences in the clinical profile of men consulting for LUTS. Acute urinary retention without surgical outcome is more frequent in Russia, Middle-East and Latin America. Further research is needed to clarify the underlying reasons for these regional variations.

SEXUAL DYSFUNCTION IN 3,230 MEN WITH LUTS SUGGESTIVE OF BPH IN EUROPE, RUSSIA, MIDDLE-EAST, LATIN AMERICA AND ASIA

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INTRODUCTION & OBJECTIVES: To determine the prevalence of sexual dysfunction in men with lower urinary tract symptoms (LUTS) in various parts of the world.

MATERIAL & METHODS: 3,230 men with clinical BPH (mean age 65.4 years; mean IPSS 16.8) from 5 regions (Europe, Russia, Middle-East (ME), Latin America (LA) and Asia) filled in validated translations of IPSS and DAN-PSSsex questionnaires. The latter evaluates 3 sexual symptoms: reduced rigidity of erection, reduced volume of ejaculate, pain/discomfort on ejaculation) and their bothersomeness.

RESULTS: Erectile dysfunction (ED) and reduced ejaculate were highly prevalent and bothersome, with significant differences between regions (table). ED and reduced ejaculate were considered a problem by 73% and 57% of men >69 years, respectively. Multiple logistic regression confirmed that patients with severe LUTS were about twice as likely to experience ED (odds ratio (OR) 2.0; 95%CI 1.4-2.8) and a reduced ejaculate (OR 1.79; 95%CI 1.3-2.5) and nearly 6 times as likely to complain of pain/discomfort on ejaculation (OR 5.63; 95%CI 3.0-10.6).

	Total (n=199)	Russia (n=305)	ME (n=457)	LA (n=3,230)	Asia (n=210)	Europe (n=2,059)	p ^{oo}
Active sex	79%	80%	90%	82%	89%	75%	<0.0001
Erectile dysfunction							
Symptom ^o	63%	81%	64%	64%	67%	59%	<0.0001
Bother ^{oo}	81%	78%	81%	85%	50%	84%	<0.0001
Reduced ejaculate							
Symptom ^o	62%	74%	49%	56%	69%	63%	<0.0001
Bother ^{oo}	63%	53%	70%	64%	41%	66%	<0.0001
Painful ejaculate							
Symptom ^o	21%	21%	24%	21%	19%	20%	0.72
Bother ^{oo}	89%	90%	90%	81%	72%	93%	<0.001

^oSymptom prevalence among sexually active men; ^{oo}Percentage of men bothered among those with the symptom; ^{oo}between group p (Chi2 test).

CONCLUSIONS: Erectile dysfunction and reduced ejaculate are highly prevalent and bothersome, even in advanced age, with significant differences between regions. Sexual dysfunction is also strongly related to the severity of LUTS. It should be carefully looked for in the initial evaluation of patients with LUTS and in deciding on treatment options, as some of them may have a negative impact on sex life.

DIFFERENCES IN LOWER URINARY TRACT SYMPTOM PROFILES IN MEN UNDERGOING TRANSURETHRAL PROSTATECTOMY IN GERMANY AND AUSTRALIA

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INTRODUCTION & OBJECTIVES: Differences in Lower Urinary Tract Symptoms (LUTS) and related Quality of Life (QoL) between different countries may be related to cultural differences. They may also account for different treatment strategies and differences in outcomes reported.

MATERIAL & METHODS: Patients were recruited for analysis from two consecutive cohorts of men undergoing TURP on the basis of identical recruitment strategies for TURP based on symptoms, flow rates and residual urine assessment at the two institutions. The cohorts from Dresden (n= 138, mean age 69.9 years) and Adelaide (n=138, mean age 72.9 years) were used to form 80 age-matched pairs for comparison. Symptom and quality of life profiles were analysed by means tests and correlation analysis.

RESULTS: Mean preoperative IPSS was 17.2 (SE 0.81, 2-34) for the German and 19.5 (SE 0.77, 6-32) for the Australian group, mean Qmax 8.9 ml/s (SE 0.49, 2.4-22) and 10.4 ml/s (SE 0.64, 3.2-26.5), respectively. The median QoL Index was 4 for the German and 5 for the Australian group (p<0.005, U-test). In the German group, the IPSS had the highest correlation with „weak stream“ (r=0.72, p<0.001) and „frequency“ (r=0.67, p<0.001), while in the Australian group „straining“ (r=0.67, p<0.001) and „incomplete emptying“ (r=0.65, p<0.001) were the dominant symptoms in the IPSS. Significant differences in the degree of individual symptoms were seen between the two groups, the Australian group generally had higher symptom values, most noticeably for the symptoms of „frequency“, „intermittency“ and „nocturia“.

CONCLUSIONS: Significant differences exist in the quantitative and qualitative expression of LUTS and the associated subjective impairment in QoL between different countries which must be taken into account when interpreting the results of treatment assessment trials for benign prostatic hyperplasia.

MANAGEMENT OF CLINICAL BENIGN PROSTATIC HYPERPLASIA IN GENERAL PRACTICE: RESULTS OF A FRENCH EPIDEMIOLOGICAL STUDY IN 18540 PATIENTS

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INTRODUCTION & OBJECTIVES: The study was designed to investigate the reasons of no medical consultation by non-diagnosed patients, and to study the management of patients with diagnosed clinical benign prostatic hyperplasia (BPH) in general practice.

MATERIAL & METHODS: A multicentre, prospective epidemiological study was conducted among French general practitioners (GPs). Each GP selected in his own practice up to 10 consecutive patients aged 50 and older, with no previous diagnosis of LUTS/BPH and no spontaneous urological complaint. The inclusion criteria were: reasons for not seeking advice despite urinary symptoms, presence of LUTS/BPH (defined by total I-PSS \geq 8, I-PSS quality of life (QoL) score \geq 3 and clinical diagnosis) and patient management following diagnosis.

RESULTS: 2200 GPs enrolled 18540 patients. The prevalence of clinical BPH was 49.6%. Among these 9160 patients, 70.1% considered that they were at least "mostly dissatisfied". Mean I-PSS was 14.1, and 7946 patients (86.7%) suffered from a moderate symptomatic BPH. The main reasons for not seeking medical advice for urinary symptoms were 1) the feeling that it was "as usual at this age" (69.8%) and 2) the "fear of surgery" (47.7%). 8515 patients (93%) underwent diagnostic tests. Serum prostate specific antigen (PSA) determination was done in 52 % of men only, in correlation with symptoms intensity, i.e. in 85.3% and 19.4 % of men with and without clinical BPH, respectively. The biopsy rate was similar in both groups (2.6% and 2.4%, respectively). A treatment decision (85.9%) was taken in correlation with age (p=0.001) and I-PSS (p= .001), and a medical treatment was prescribed in 83.5% of these patients. 21.1% of the population was referred to a urologist, 33.5% and 9% of men with and without clinical BPH, respectively. 2.5% of men required a surgical treatment.

CONCLUSIONS: This large-scale study underlined the difficulties to detect clinical BPH in general practice: even with a high burden, patients did not mention their urinary symptoms and GPs did not systematically screen for clinical BPH. Clinical evaluation, including serum PSA determination, was triggered in correlation with the presence and the intensity of symptoms and not merely with age as would be expected in a population of men over 50. However, the overall management by GPs was in accordance with published BPH guidelines.