

# Why And How to Assess the Quality of Life in Patients with Benign Prostatic Hyperplasia

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**Maja Sofronievska Glavinov\***

*University Clinic for Surgical Diseases "St.Naum Ohridski", Skopje, North Macedonia; Faculty for Medi-  
cal Sciences, University Goce Delcev, Stip, North Mcedonia*

**\*Corresponding Author:** Maja Sofronievska Glavinov MD, PhD, University Clinic for Surgical Dis-  
eases "St.Naum Ohridski", Skopje, North Macedonia; Faculty for Medical Sciences, University Goce  
Delcev, Stip, North Mcedonia.

Benign prostatic hyperplasia (BPH) is a condition that results in lower urinary tract symptoms (LUTS) leading to significant deterioration in patients' quality of life (QoL). BPH affects QoL by inducing psychological stress in patients due to anxiety and worsening their social function. The more severe the symptoms of BPH, the lower the QoL becomes. However, the QoL of BPH patients whose symptoms worsen due to aging has been shown to be significantly reduced. In the last few years, there has been an increasing trend of analyzing the effect of BPH symptoms on QoL and the most widely used therapeutic strategies.

The definition of quality of life was given by the WHO in 1947, but the first 5 papers with an analysis of these keywords in the Medline database appeared until 1973. From 1974, the number of professional papers that give an overview of the quality of life of patients began to grow exponentially, so that in the last decade there has been almost no professional communication that does not address this issue as a conclusion.

Measuring QoL is important from a clinical and regulatory perspective. Physicians may be interested in knowing the impact their care has on patients. They could use measures of QoL to monitor and follow their patients over time, or before and after a specific intervention, such as surgery.

### ***Item measurement theory - how to measure the unmeasurable?***

The components of the quality of life cannot be observed directly. The value of the quality of life can be measured indirectly by asking a series of questions, which are asked to the patient in a different form. Responses are converted to numerical scores which are then combined to obtain "scale scores" or combined to obtain domain scores or other statistically calculated summary scores.

The European urological guideline strongly recommends monitoring the treatment effects of BPH patients using validated questionnaires. The answers received as feedback have a role in the direction in which the further treatment of the patient will take place.

The International Prostate Symptom Score (IPSS) questionnaire is the most used to determine the severity of lower urinary tract symptoms associated with BPH. The first seven questions refer to

these symptoms, and the final sum categorizes patients with mild, moderate, and severe LUTS, so further treatment takes place in that direction. The eighth question refers to the quality of life associated with living with those symptoms and is important to ask because it reflects the patient's subjective perception of the symptoms associated with the disease. Often, due to this subjectivity, patients who have mild or moderate LUTS have an extreme impairment of the quality of life and vice versa. Thus, this parameter strongly suggests to us how to direct the therapeutic approach to the patient.

The Benign Prostatic Hyperplasia Impact Index (BII) questionnaire measures the magnitude of change in an individual's BPH-LUTS impact over time. The BII is easy to understand, capturing the clinically relevant impacts of BPH related to urinary problems. It has 4 questions, is easy to understand and validated.

The Overactive Bladder Questionnaire (OAB) - short form (SF) has a total of 19 questions in 2 domains: 6 related to distressing symptoms and 13 related to health quality. Calculated separately, a higher score on the symptom scale indicates greater symptom severity and a higher score on the QoL scale indicates better QoL, so they are inversely related to each other.

The long form of the Male Incontinence Questionnaire has 23 questions on LUTS and related QoL. The short form of 11 questions covers 2 domains: the first one related to micturition - 5 questions and 6 questions related to incontinence. The advantage is in Separate consideration of frequency, nocturia and impact on daily life.

The SF-36 is a generic or general questionnaire in over 10000 items in a PubMed search. It consists of two dimensions - physical and mental. There is no exact balance between the two components' different approaches in the interpretation of the total result. its validity may be questioned due to the biased amount of data.

### ***The goals in assessing QoL in BPH patients***

The latest studies more comprehensively analyze the role of BPH in characterizing the quality of life, but also in relation to the cost-benefit of therapeutic options. For this purpose, combined questionnaires are used, general ones relating to health, disease-specific and general ones analyzing the economic moment.

The QUALIPROST study is of relatively recent date and is a prospective, longitudinal, multicenter, open-label study conducted in outpatient urology clinics to evaluate change in quality of life (QoL) and symptoms in patients with lower urinary tract symptoms/benign prostatic hyperplasia. (LUTS/BPH) in current clinical practice by use of IPSS and BII questionnaires. Improvements in QoL and symptoms were equivalent to the medical treatments most widely used in real-life practice for the treatment of patients with moderate or severe LUTS.

Due to the aging population, the prevalence of BPH is expected to increase dramatically. There is an emerging need to develop and implement effective interventions to improve the QoL and psychological well-being of patients with BPH. A holistic approach in the management of BPH in each individual patient is needed for these goals.

This analytical approach provides additional evidence for current therapeutic options for the management of LUTS/BPH and should help further inform decision-making regarding treatment strategies in this patient population.