Quality of life patients with Benign Prostatic Hyperplasia (BPH)

Małgorzata Krzywicka

Faculty of Health Sciences, Higher Medical School in Kłodzko, Poland

Introduction: An enlarged prostate, especially benign prostatic hyperplasia (BPH), can significantly reduce the quality- of- life patients. By far the biggest problems are related to urination. Difficulty in urination, too frequent urge to urinate (especially nocturia) and a feeling of incomplete emptying of the bladder may lead to discomfort, social isolation, reduced physical efficiency and consequently, to mental disorders. In advanced cases, untreated BPH can lead to bladder infections, urolithiasis and in the end stage, kidney failure.

Objective: The aim of the study was to answer the question how benign prostatic hyperplasia (BPH) affects the quality- of -life patients with this disease defined in this way.

Materials and Methods: The study involved 103 men diagnosed with benign prostatic hyperplasia. The study was voluntary and was conducted in the form of an anonymous survey placed on a social networking site in closed groups related to the disease entity. The survey among patients was conducted using the diagnostic survey method using two standardized research tools: the IPSS survey, the SF-36 questionnaire, and a self-reported survey.

There is a significant relationship between the quality of life of patients with prostate enlargement and the severity of symptoms.

In terms of overall quality of life, the respondents differ significantly (p < 0.05) depending on symptom severity. To precisely determine between which groups the differences are statistically significant, a Tukey's post hoc test was conducted.
Statistically significant differences (p < 0.05) were observed between:

• **Mild – Severe:** In the group of respondents with mild symptoms, the mean quality of life
index was M = 72.93, while in the group with severe symptoms it was M = 49.84.
Respondents with mild symptoms achieved statistically significantly (p < 0.05) higher scores than those with severe symptoms.

• **Moderate – Severe**: In the group of respondents with moderate symptoms, the mean quality of life index was M = 63.54, while in the group with severe symptoms it was M = 49.84.
Respondents with moderate symptoms achieved statistically significantly (p < 0.05) higher scores than those with severe symptoms.

Results:

Table 1. Characteristics of the study group by age

Age	Frequency	Percentage
Up to 40 years	19	18.40%
41-50 years	31	30.10%
51-60 years	35	34.00%
Over 60 years	18	17.50%

Table 2. Duration of illness in the study group

Duration of illness	Frequency	Percentage
less than 1 year	31	30.10%
1–5 years	62	60.20%
6–10 years	7	6.80%
11–15 years	2	1.90%
over 15 years	1	1.00%

There is a significant relationship between symptom severity and the age of respondents.

The test result (p < 0.05) is statistically significant. Moderate symptoms occurred in 68.8% of respondents under 40 years old, 50.0% of those aged 41–50, 27.3% of those aged 51–60, and 44.4% of those over 60. Severe symptoms were observed in 31.3% of respondents under 40, 50.0% aged 41–50, 72.7% aged 51–60, and 55.6% over 60.
Among respondents aged 51–60, severe symptoms occurred significantly more often than in other groups, while respondents under 40 experienced moderate symptoms significantly more often.

There is also a significant relationship between symptom severity and the duration of the disease.

The test result (p < 0.05) is statistically significant. Mild symptoms were present in 25.8% of respondents who had been ill for less than 1 year and 8.3% of those who had been ill for more than a year. Moderate symptoms occurred in 41.9% of respondents ill for less than 1 year and 36.1% of those ill for more than a year. Severe symptoms were present in 32.3% of respondents ill for less than 1 year and 55.6% of those ill for more than a year. Respondents who had been ill for less than 1year experienced mild symptoms significantly more often and severe symptoms significantly less often than those who had been ill for more than a year.

Conclusions: Severe symptoms of the disease, duration of the disease, and the age of patients influence the quality of life of respondents.

Keywords: benign prostatic hyperplasia, prostate, BPH, LUTS, IPSS, SF-36, quality of life

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