

Health-related Quality Of Life In Patients With Benign Prostatic Hyperplasia

ASST.PROF. MAJA SOFRONIEVSKA GLAVINOV

UROLOGIST AND GENERAL SURGEON

UNIVERSITY CLINIC FOR SURGICAL DISEASES "ST.NAUM OHRIDSKI", SKOPJE UNIVERSITY "GOCE DELCHEV", SHTIP, FACULTY FOR MEDICAL SCIENCES

People are living longer!

Life Expectancy is increased by more than 11 years

Health-related Life Expectancy (HALE) is increased nearly 10 years

The number of older persons has more than tripled since 1950

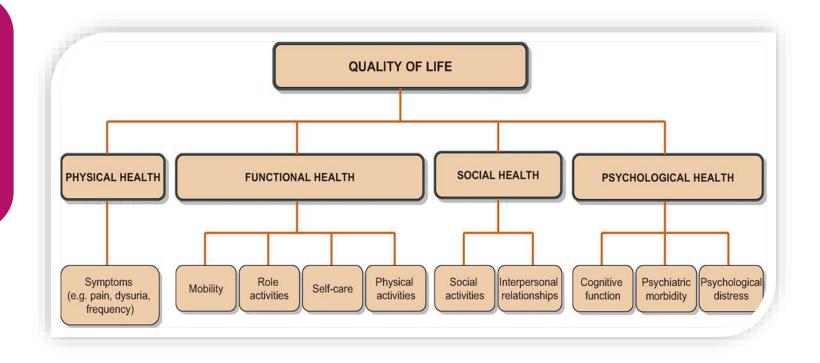
It will almost triple again by 2050 and 1 in 5 people will be over 60





1948—" health is not only the absence of disease and infirmity but also the presence of physical, mental, and social wellbeing".

- 1973- only 5 articles listed "quality of life" as a reference keywords Medline database
- 1974-during the subsequent fiveyear periods, there were 195, 273, 490, and 1252 such articles.



Do we live longer and better or do we gain only years of life in bad health?





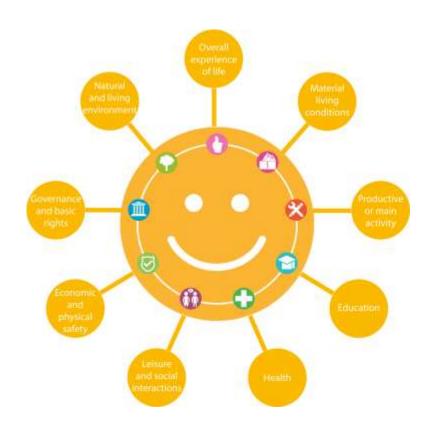
The indicator of healthy life years (HLY) measures the number of remaining years that a person of a specific age is expected to live without any severe or moderate health problems.



A set of QoL indicators based on 8 + 1 dimensions



The overall subjective perception of QoL requires an individual approach in the analysis of the QoL.



HRQoL & aging

HRQoL is the perceived quality of an individual's health status and daily life, in terms of physical, mental and spiritual wellbeing.

Its measurement provides information for an optimal management of physical/mental conditions.

HRQoL is low in developing countries.

Published online 2018 Jan 18. doi: 10.1186/s12955-018-0845-7

PMID: 29347951

Health-related quality of life among healthy elderly Iranians: a systematic review and meta-analysis of the literature

Sogand Tourani,¹ Masoud Behzadifar,³² Mariano Martini,³ Aidin Aryankhesal,¹ Masood Taheri Mirghaed,¹ Morteza Salemi,¹ Meysam Behzadifar,^{4,5} and Nicola Luigi Bragazzi^{3,6}

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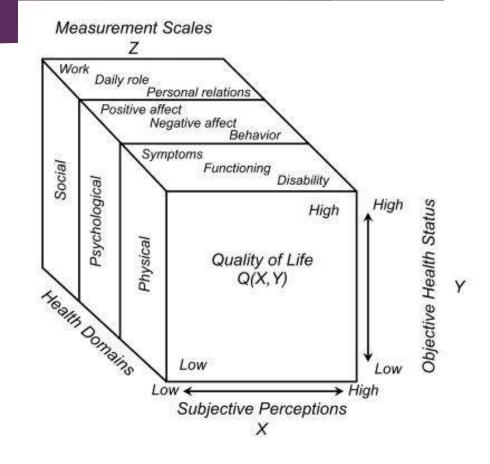
Why measure HRQoL?



1.Medical perspective – feedback on the effectiveness of the treatment and patient satisfaction



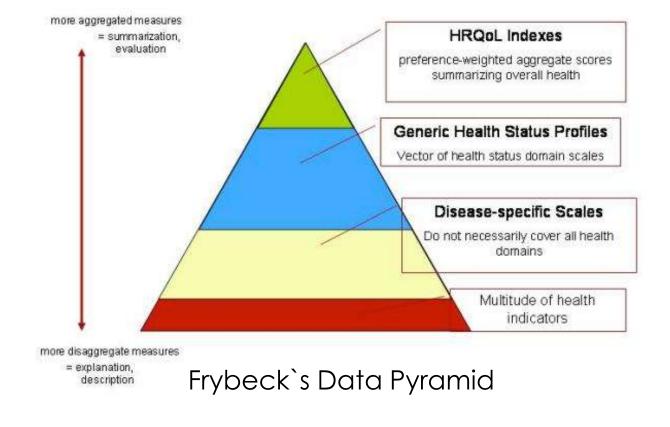
2.Health policy perspective - which intervention offers the greatest benefit to patients and economical benefit



Conceptual framework for HRQoL

Measuring HRQoL

- First level crude health indicators and vital statistics (population's death, immunization, and malnutrition rates).
- Second and third are turning health specific and generic health concepts into measurable observations.
- The final level uses these direct measures to scale and index HRQoL.***



^{*}Fryback, D.G. (2010) Measuring Health-Related Quality of Life. Workshop on Advancing Social SCIENCE Theory: The Importance of Common Metrics. The National Academies, Division of Behavioral and Sciences and Education. Washington DC

"The item-measurement theory"- how to measure the unmeasurable

HRQoL cannot be observed directly INDIRECT
measuring by
asking a series
of questions
("items")

Different
FORMS of
questionnaires
, surveys,
interview

Converting answers to numerical scores summed in scale scores

Combining to yield domain scores or other statistically computed summary scores

HRQoL measuring instruments - surveys

HRQoL

Generic - <u>comparable</u> <u>between diseases</u> (comparing the incomparable)* 36 item Short Form Health survey (SF-36/SF-12/ SF-8)

EuroQoL Five Dimension index (EQ-5D)/3 versions

The World Health Organisation- Five Well-Being Index (WHO-5)

Disease-specific

sensitivity on the populations with specific illnesses or conditions

Combination

more comprehensive evaluation of the impact of the disease and effects of treatment

^{*}Duncan Mortimer and Leonie Segal. Comparing the Incomparable? A Systematic Review of Competing Techniques for Converting Descriptive Measures of Health Status into QALY-Weights. Medical Decision Making},2008}, (28), 66 – 89.

BPH & HRQoL

Recommendation

Use a validated symptom score questionnaire including bother and quality of life assessment during the assessment of male LUTS and for re-evaluation during and/or after treatment.

Strength rating

Strong





IPSS (8th question for QoL)



BPH impact index (BII)



Overactive Bladder Questionnaire Short Form for OAB bother, and impact on QoL



ICS Male Item Short Form Survey for male incontinence

Predictive factors for HRQoL in BPH

Healthcare (Basel), 2020 Jun; 8(2): 158

Published online 2020 Jun 4. doi: 10.3390/healthcare8020158

PMCID: PMC7349344 PMID: 32512888



The more severe the symptoms of BPH, the lower the HRQOL becomes.

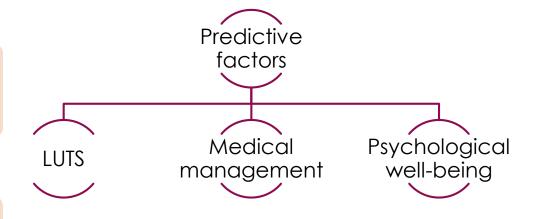
Quality of Life in Older Adults with Benign Prostatic Hyperplasia

Sewon Park, Jeong-min Ryu, and Munjae Lee

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Worsening of symptoms due to aging and medical management failure significantly reduces HRQoL



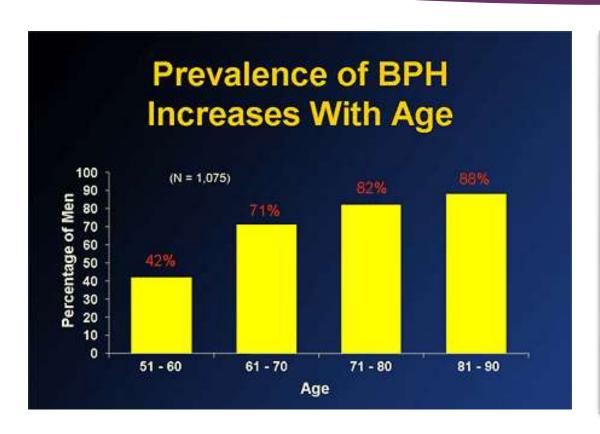


BPH induces psychological stress in patients due to anxiety and deterioration of their social function.

Park S, Ryu JM, Lee M. Quality of Life in Older Adults with Benign Prostatic Hyperplasia. Healthcare (Basel). 2020, 4;8(2):158. doi: 10.3390/healthcare8020158. PMID: 32512888; PMCID: PMC7349344.

HRQoL in BPH patients / SNAPSHOT Study

BPH has a negative impact on QoL and is associated with high levels of co-morbid diseases, indicating a need to better understand the management of the disease to reduce the impact on healthcare systems





Noweir A, Abusamra A, Al Zarooni A, Binbay M, Doble A, Tariq L, Aziz F, El Hasnaoui A. Prevalence of benign prostatic hyperplasia among the adult general population of five Middle Eastern Countries: Results of the SNAPSHOT programme. Arab J Urol. 2022 Jan 23;20(1):14-23. doi: 10.1080/2090598X.2021.2010451. PMID: 35223105; PMCID: PMC8881068.

Observational Study > Int Urol Nephi ol. 2016 Nay:48(5):645-56.

doi: 10.1007/s11255-015-1206-7. Epub 2016 Jan 25.

Quality of life in patients with lower urinary tract symptoms associated with BPH: change over time in real-life practice according to treatment—the QUALIPROST study

Antonio Alcaraz 1. Joaquín Carballido-Rodríguez 2. Miguel Unda-Urzaiz 3. Rafael Medina-López 4. José L Ruiz-Cerdá 5. Federico Rodríguez-Rubio 6. Darío García-Rojo 7. Francisco J Brenes-Bermúdez 8. José M Cózar-Olmo 9. Víctor Baena-González 10. José Manasanch 11. Affiliations + expand

PMID: 26810324 PMCID: PMC4839045 DOI: 10.1007/s11255-015-1206-7

Free PMC article

Benign Prostatic Hyperplasia Impact Index (BII) and the International Prostate Symptom Score (IPSS)

119 urologists

data available from 1713 patients

70% monotherapy, 21% - combination therapy, and 9% - watchful waiting (WW)

Optimal medical treatments produce similar levels of improvement in BPH symptoms and QoL.

Alcaraz, A., Carballido-Rodríguez, J., Unda-Urzaiz, M., Medina-López, R., Ruiz-Cerdá, J. L., Rodríguez-Rubio, F., García-Rojo, D., Brenes-Bermúdez, F. J., Cózar-Olmo, J. M., Baena-González, V., & Manasanch, J. (2016). Quality of life in patients with lower urinary tract symptoms associated with BPH: change over time in real-life practice according to treatment--the QUALIPROST study. International urology and nephrology, 48(5), 645–656. https://doi.org/10.1007/s11255-015-1206-7

Our research

CLINICAL SCIENCE

QUALITY OF LIFE ASSESMENT IN PATIENTS TREATED WITH MEDICAMENTS FOR BENIGN PROSTATIC HYPERPLASIA

Maja Sofronievska-Glavinov¹, Svetlana Jovevska², Mihil Kocubovski³

- University Clinic for Surgical Diseases "St. NaumOhridski", Skopje, Republic of North Macedonia
 Faculty of Medicine, University Goce Delcev, Stip, Republic of North Macedonia
- Institute of Public Health, Skopje, Republic of North Macedonia

Citation: Sofronievska-Glavinov M, Jovevska S, Kocubovski M. Quality of life assessment in patients treated with medicaments for beruga prostatic hyperplasia Arch Pub Health 2019; 11 (1): 89-94 (Macedonia)

Key words: benign prostatic hyperplania, symp-toms, quality of life

*Correspondence: Maja Sofronievska Glavinov, University Clinic for surgical diseases Ss. Naum Ohridski, Skopje, Republic of North Macedonia.

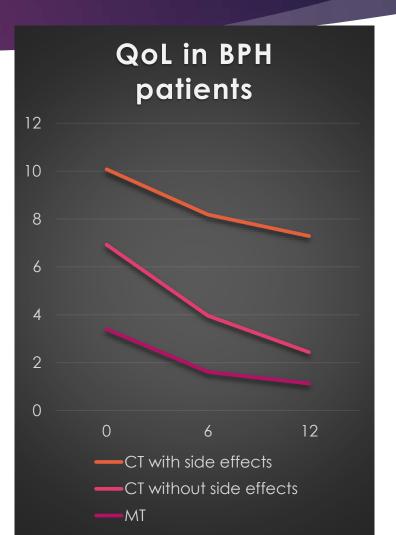
Received: 15-Jan-2019; Revised: 23-Feb-2019; Accepted: 28-Feb-2019; Published: 15-Mar-2019

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The purpose of this study was to determine the impact of symptoms and the effects of drug treatment on the quality of life in patients with benign prostatic hyperplasia. We evaluated two groups of patients with the International Prostate Scoring System questionnaire, the Beck depression inventory and an issue/question on quality of life. The first (control) group consisted of patients with benign prostatic hyperplasia who were on alpha-blocker therapy, while the second group of patients (examined) were on combination therapy with alpha blocker and 5-alpha reductase inhibitor. In analyzing the results, we came to the conclusion that patients in the control group had a better quality of life and psychosocial status due to the weaker symptoms of the disease. Patients in the second group had a poorer quality of life due to development of side effects of 5-alpha reductase inhibitors therapy; erectile dysfunction and depression. Modalities in the therapeutic approach enable improvement of the symptoms in the second group and improvement of the quality of life in patients with dual therapy for BPH.

Iprovement of LUTS improves QoL both in monotherapy and combination medical therapy

Appearance of side effects has a nedative implication on QoL.



Optimal treatment assessment

Combined surveys are used:

- generic related to overall health
- disease-specific and
- generic, analyzing the economic perspective.

RESEARCH ARTICLE

A comprehensive analysis of clinical, quality of life, and cost-effectiveness outcomes of key treatment options for benign prostatic hyperplasia

An effective and economically viable treatment in resource-constrained environments

Chughtai B, Rojanasarot S, Neeser K, Gultyaev D, Fu S, Bhattacharyya SK, et al. (2022) A comprehensive analysis of clinical, quality of life, and cost-effectiveness outcomes of key treatment options for benign prostatic hyperplasia. PLoS ONE 17(4): e0266824. https://doi.org/10.1371/journal.pone.0266824

Conclusions

<u>BPH</u> <u>prevalence is expected to rise dramatically</u> due to the aging population.

Holistic approach towards individual management of BPH, focusing HRQoL.

Determination of <u>optimal</u> BPH treatment keeping in mind <u>clinical</u> <u>outcomes</u>, <u>cost effectiveness of the treatment and QoL</u> as final goals.



EVERYONE

DESERVE

A BETTER

LIFE

Thank you