

Quality of life with pharmacological treatment in patients with benign prostatic enlargement: Results from the evolution European prospective multicenter multi-national registry study

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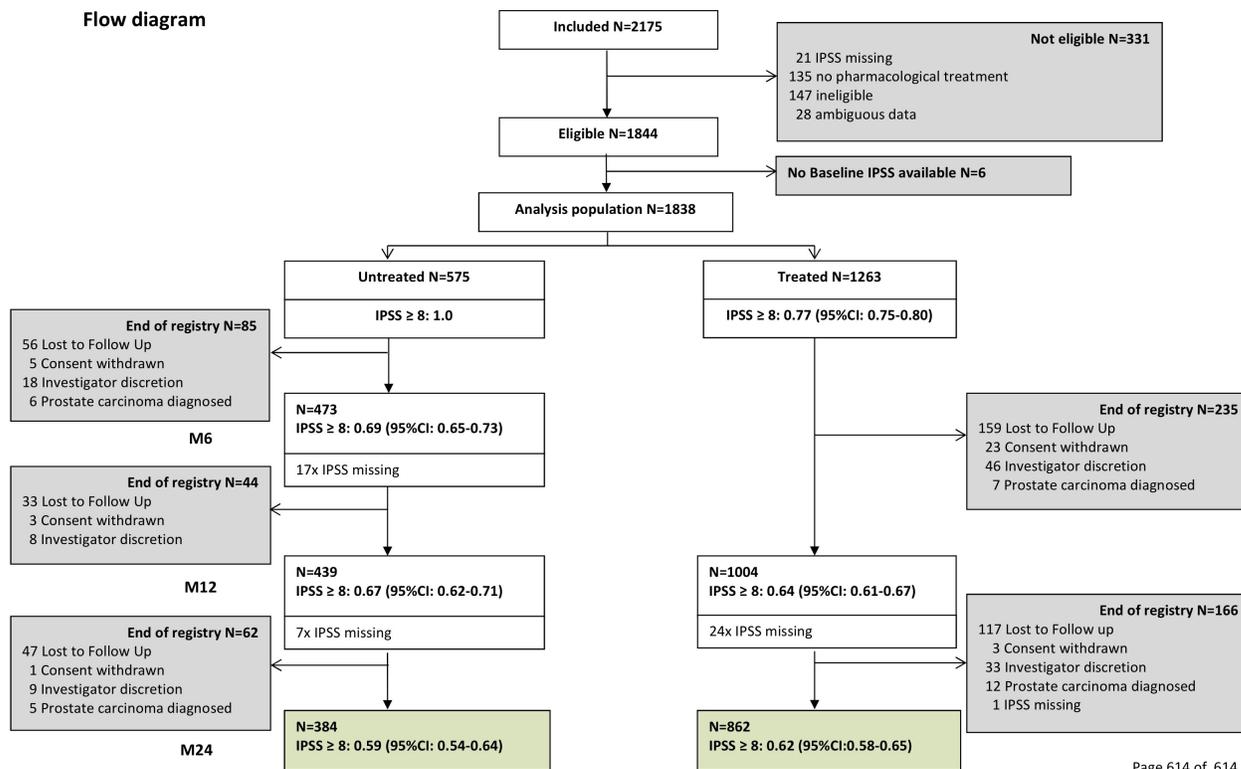
Bhatt N.R.¹, Davis N.F.², Witjes W.P.³, Bjartell A.⁴, Caris C.³, Patel A.⁵, De La Taille A.⁶, Tubaro A.⁷, European Association of Urology Research Foundation

¹Ipswich Hospital, Dept. of Urology, Ipswich, United Kingdom, ²Beaumont hospital, Dept. of Urology, Dublin, Ireland, ³EAU, Research Foundation, Arnhem, The Netherlands, ⁴Lund University, Skane Hospital, Dept. of Urology, Malmö, Sweden, ⁵Spire London East Hospital, Dept. of Urology, London, United Kingdom, ⁶Assistance Publique des Hopitaux de Paris, Dept. of Urology, Créteil, France, ⁷Sant'Andrea Hospital, Dept. of Urology, Rome, Italy

Introduction & Objectives: Lower urinary tract symptoms (LUTS) due to benign prostatic enlargement (BPE) can lead to significant disturbances to health-related quality of life (HRQoL) and psychological well-being. There is variability in the relationship between individual symptom severity and the bother reported by patients as symptom scores alone, may not capture their actual impact on men. The aim of this study was to evaluate the effect of pharmacological treatment of LUTS/BPE on disease-specific and generic QoL measures.

Materials & Methods: Evolution was a European prospective, multicenter multi-national, observational registry collecting real life clinical data over two years on the management of LUTS/BPE in primary and secondary care. This study investigated disease specific QoL using questionnaires including IPSS Q8, BPH Impact Index (BII) and Patient Perception of Study Medication (PPSM) Q11 PPSM in previously treated and untreated patients with LUTS/BPE. Generic QoL questionnaires such as EuroQOL Five Dimension (EQ5D) were also utilised.

Flow diagram



Results: The registry enrolled 1838 BPE patients and 1246 patients were evaluable at the end of the study period (24 months). Nearly 70% of patients in the study were previously treated with medical therapy and 17% of these had already discontinued medical treatment previously for various reasons, lack of efficacy of medication being the most common. The mean time since diagnosis of LUTS in the previously treated group was 4.7 years (0-26 years). Medical management produced statistically successful improvement in QOL (disease specific and generic), albeit significantly better in previously untreated patients.

Conclusions: At an average of five years from the onset of symptoms, LUTS/BPE patients previously treated with medication had significantly impaired QOL in patients in a manner comparable to other chronic diseases. Medical management was successful in producing improvement in QOL when first started in previously untreated patients, but was much less significant in the previously treated patients. We need to rethink how we treat LUTS/BPE in clinical practice in line with emerging evidence, it is imperative to offer other options like Minimally Invasive Therapy (MIT) early, especially in patients previously treated with medical therapy.