

Proposals for analyses and publications

European Registry Evaluating Management Practices of General Practitioners and Urologists and Pharmacological Treatment Outcomes in Patients with Lower Urinary Tract Symptoms Associated with Benign Prostatic Hyperplasia EAU-RF 2008-02 EVOLUTION

- 1) To evaluate symptom persistence (defined as International Prostate Symptom Score [IPSS] of 8 points or more) in patients with LUTS/BPH under LUTS/BPH pharmacological treatment and to evaluate the effect of LUTS/BPH and LUTS/BPH pharmacological treatment on symptom improvement and worsening
- 2) To evaluate the effect of LUTS/BPH and LUTS/BPH pharmacological treatment on disease-specific and generic QoL measures;
- 3) To gain a better understanding of the relationship between sexual dysfunction (erectile and ejaculation function) and LUTS/BPH, and its changes under pharmacological treatment (presently/recently untreated patients only);
- 4) To describe real-life LUTS/BPH management practices by GP's and urologists, and assess adherence to BPH Guidelines) and to evaluate patients' and physicians' satisfaction with treatment;
- 5) To assess direct costs of LUTS/BPH management in relation to treatment outcomes and progression.
- 6) To evaluate the association between obesity (BMI and Waist circumference), metabolic factors (diabetes, hypertension, cardiovascular risk) and LUTS/sexual dysfunction
- 7) History of LUTS/BPH related complications (acute/chronic urinary retention, UTI, incontinence, worsening of symptoms, renal insufficiency, bladder stone) and LUTS treatment/un-treatment. To possibly identify risk-factors
- 8) To investigate Reason for seeking medical advice (level of education, intensity of symptoms, bother by symptoms, fear of prostate cancer, increased PSA , family or friends, advertisement, family history of LUTS) and reason for patient referral (confirmation of diagnosis, exclusion of prostate cancer, increased PSA, confirmation or initiation of treatment, surgery, other);
- 9) To investigate the possible influence of concomitant treatment on LUTS/BPH (statins, anti-hypertensive, metformin)
- 10) To investigate the reason for change or discontinuation of LUTS/BPH treatment
- 11) To investigate the influence of nocturia episodes on LUTS/BPH management (reason for patient referral, reason for seeking medical advice, impact on QL, on erectile function, and influence on medical treatment in GP and Urologist)

12) LUTS family history

13) The influence of symptoms, PSA, prostate size, PVR, Qmax on GP/Urologist and patient decision on medical treatment

14) What is the role of Creatinine test and urine-analysis in patients with LUTS

15) The relationship between prostate volume as estimated by DRE and ultrasound, as well as its relationship with IPSS and urinary flow