Importance of Relieving the Most Bothersome Symptom for Improving Quality of Life in Male Patients With Lower Urinary Tract Symptoms

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Published in:
Urology

DOI:
10.1016/j.urology.2012.03.052

Publication date:
2012

The Importance Of Relieving the Most Bothersome Symptom For Improving Quality-of-Life In Male Lower Urinary Tract Symptoms Patients – EDITORIAL COMMENT

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Focusing on the core symptom in men with LUTS resulted in a substantial positive impact on 'quality of life'. It is not the *conclusion* that is most important in this study by Fujima and coworkers. It is the *rationale behind* the study that makes it interesting. The clinical relevance of "Quality of life (QoL) improvement", as measured by the IPSS-QoL question, may be discussed. Nevertheless, in daily care, patients often consult their physician for one or two symptoms they find obnoxious - in this study called 'core symptoms' - and not because of their total IPSS score. Aiming at this reason for encounter, not at the total symptom score, seems therefore logical. Patients are not relieved when the IPSS score drops, but the core symptom remains present. Improvement of peripheral symptoms may be pleasant for patients, but is regarded as such only if the core symptom is also reduced.

Guidelines for men with LUTS are obviously based on evidence.[1] This evidence is presently derived from studies using total symptom scores as treatment outcome, and generally not on

core symptom improvement. It shows that the effect of 5-alpha reductase inhibitors, anticholinergics and desmopressin on symptom relief is small.[1] Even for the most applied treatment (alpha blockers), the clinical relevance of the effect is moderate. In the study by Fujima, a considerable number of men received combination treatment even in the absence of evidence for its use. Still, 76.8% of men responded that their core symptom had improved. This high percentage may be the result of the weak definition of improvement, being a decrease of only 1 point of the core symptom. It may also be that this is a placebo effect. In an open label study like this, the placebo effect probably is larger than the already large placebo effect in double blind studies on LUTS.[2] Given the short follow-up period (8-12 weeks) we do not know whether the effects sustain.

These critics don't rule out the importance of this study. Instead, it should open the minds of physicians and researchers. Hopefully, this study will be followed by a next step. There are examples of pragmatic randomized controlled trials using a step wise approach directed at the possible explanation of the symptoms.[3] A similar RCT aiming at the relief of the core symptom as the main outcome measure will outweigh an approach in which all participants receive the same active treatment. Although the interpretation of such studies is more complicated, the multifactorial origin of LUTS in men and the dilemmas of doctors are taken more seriously. In current daily practice physicians provide empirical treatment (such as described by the authors) with only little evidence on its use. We see opportunities to provide current practice with a solid evidence base.

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