physician, 45% reported interest in an ED treatment, and 72% believed that physicians should routinely inquire about ED. **CONCLUSIONS:** Although most ED patients reported not speaking with their physician, almost half were interested in treatment. Patients reported initiating ED discussions more often than physicians; however, the majority felt that physicians should routinely ask about sexual function.

**PHI16**

**WHAT EXPECTATIONS DO MEN WITH BENIGN PROSTATIC HYPERPLASIA (BPH) HAVE FOR TREATMENT?**

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**OBJECTIVE:** To interview men with BPH to determine their expectations regarding treatment. Collection of demographic data, International Prostate Symptom Score (IPSS), bother score, and patient satisfaction information are standard outcome measures that provide contextual information for reviewing patient expectations. **METHODS:** Multiple individual subject interviews were conducted at 4 geographically dispersed sites in the US. Subjects with diagnosed BPH who met entry were included. Research subjects completed the IPSS, BPH “bother score”, general health questionnaires, and provided up to two top expectations from treatment of BPH. Patients were thoroughly debriefed on their answers to clarify unclear responses. **RESULTS:** Thirty-seven subjects who met the criteria were interviewed as part of the qualitative research. The mean age was 66 years [range, 45–82 years] and the mean IPSS score was 20 [range, 7–31]. Subjects reported a mean Bother Score of 3.1. Thirty-five subjects (95%) reported a primary expectation for treatment, and 26 subjects (70%) expressed primary and secondary expectations from treatment. Thirty-one subjects (89%) expressed symptom relief as their primary expectation, followed by reduced, or no side-effects from treatment (9%). Detailed primary expectations included reduction in abnormal urination (31%), reduction in frequency (20%), and reduction in nocturia (17%). Similarly, 88% patients reported symptom relief as their top secondary expectation. Urine control (35%), reduction in frequency (15%), lack of sexual side-effects (8%) and reduction in nocturia (8%) were among the top secondary expectations from BPH treatment. **CONCLUSIONS:** This research indicates that men with BPH primarily expect treatments to relieve symptoms. Most symptoms were identical to over-active bladder in females. The results from this small qualitative research study will help inform future selection of optimal measurement instruments for subjects in clinical trials and in routine clinical practice.

**PHI17**

**DEVELOPMENT OF A PATIENT SATISFACTION WITH TREATMENT QUESTIONNAIRE FOR BENIGN PROSTATIC HYPERPLASIA (BPH-PSTQ)**

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**OBJECTIVE:** To develop a questionnaire that focuses on patient satisfaction with treatment for BPH symptoms. There are no current questionnaires that focus on this important patient-reported outcome. **METHODS:** Multiple individual subject interviews (ISIs) with patients currently or recently receiving treatment for BPH was conducted to finalize content for a patient satisfaction with treatment questionnaire. Patients selected were required to have a diagnosis of BPH, and an IPSS total score of greater than or equal to seven. Interviews were conducted using an initial pool of items developed from previous patient research. The literature was also utilized to complement item selection. Open-ended questions about their disease and its impact were conducted to assess missing content in the questionnaire. Subjects were debriefed thoroughly on satisfaction with content, vocabulary, and item. **RESULTS:** Twelve patients were interviewed and a total of 13 questions were developed from this research. The mean age was 62.3 yrs (range 54–72 yrs) with majority being Caucasian males (92%) with various levels of education. Mean IPSS score was 20.58 (range 14–30). The final questionnaire developed utilized a 5-point Likert scale with some questions including a 6th option for “does not apply”. The content of the final questionnaire ranged from medication impact on various symptoms of BPH, including over-active bladder type symptoms of frequency, urgency, and nocturia. Activity impact was also significant and included impact of medication on ability to interact more freely in social situations, impact on travel, activities, and relationships (family and sexual). Cost and side effects were also issues that concerned many of the subjects and were included in the final questionnaire. **CONCLUSIONS:** The 13-item final questionnaire (BPH-PSTQ) generated after ISIs with 12 subjects was easily understood by subjects in this qualitative development research. The content was also found to be comprehensive of subjects concerns and major issues.

**PHI18**

**EXPLORATORY FACTOR ANALYSIS OF A 13 ITEM BPH PATIENT SATISFACTION WITH TREATMENT QUESTIONNAIRE (BPH-PSTQ)**

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**OBJECTIVES:** The factor structure of the BPH-PSTQ was evaluated. **METHODS:** A cross sectional survey was conducted with BPH subjects that included the BPH-PSTQ. Exploratory factor analysis was conducted using maximum likelihood estimation and MINRES. Many criteria were evaluated to assess the number of factors including scree plots, the number of factors with eigenvalues greater then one, proportion of variance explained by factors, and various oblique and orthogonal rotations of the initial unrotated solution. **RESULTS:** A total of 768 subjects had complete data for analysis. The initial unrotated solution using maximum likelihood estimation left two factors with eigenvalues greater then one (25.2, 1.7). The variance explained by the dominant factor in the unrotated solution was 93%. Significance tests suggested that more then two factors were needed based upon chi-square results. Analysis of scree plot results demonstrated that there was one dominant factor and possibly a second factor that could be considered before there was a significant plateau on the plot. Quartimax rotation demonstrated a one factor solution with questions 11 and 13 not loading very highly on the dominant factor (0.54, 0.53). Final communality estimate were also not as good for these two items. Other rotations confirmed the misfit of item 13. **CONCLUSIONS:** The unidimensionality of the BPH-PSTQ needs to be further explored to determine if there are multiple underlying factors with sub-scales or multiple distinct factors via confirmatory factor analysis modeling. Item 13 was the only item that did not seem to fit with any of the other items in the scale, and did not load well on any latent factors.