evaluated by Subjective Global Assessment (SGA). The comorbidity of each patient was stratified by Index of Co-Existent Disease (ICED). The MOS-Short Form 36 questionnaire was filled at home by patients to evaluate their HRQoL. The eight multi-items scales, General Health (GH), Role Physical (RP), Physical Function (PF), Role Emotional (RE), Social Function (SF), Bodily Pain (BP), Emotional Well-Being (EW-B), Energy/Fatigue (EF) were summarized into two scores: Physical Component Score (PCS), Mental Component Score (MCS). The scores were expressed as median value. U-Mann Wintheye test was used to compare the scores of the eight domains measured by SF-36. QoL correlates were investigated with a series of logistic regression analyses, where questionnaire scores, dichotomised using the median value as cut-off, were the depend variables. Results are thus expressed in terms of Odds Ratio. RESULTS: The patients on CAPD had a better, but not statistically significant, self-perception of GH, SF and BP. The scores of the other domains were significantly better in CAPD than in CHD patients (RP: 37 vs 37 p < 0.02; PF: 75 vs 20 p < 0.001; RE: 83 vs 20 p < 0.0002; EW-B: 50 vs 45 p < 0.001; EF: 64 vs 52 p < 0.01; PCS: 40 vs 36 p < 0.05; MCS: 43 vs 39 p < 0.05). Among clinical correlates, female sex (OR: 3.34–95% CI: 1.12–9.03 p < 0.002), age > 58 years (OR: 3.81–95% CI: 1.33–10.9 p < 0.01), SGA ≥ 1 (OR: 5.6–95% CI: 1.8–17.5 p < 0.001) high comorbidity (OR: 2.25–95% CI: 1.5–13.4 p < 0.005) were significantly associated to lower values of PCS. MCS was lower in patients with diuresis <500 ml/die. CONCLUSIONS: Patients on CAPD had a better self-perception of QoL until significant diuresis was maintained.

**PRK9**

**PATIENTS TREATED WITH SERENOA REPENS: EVOLUTION OF THE IPSS SCORES IN TERMS OF IRRITATION AND OBSTRUCTION**

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OBJECTIVE: The degree of severity of the undesirable mictional problems caused by BPH is assessed according to the scores obtained in the acknowledged and validated IPSS questionnaire. METHOD: In accordance with the WHO recommendations, the IPSS was proposed to patients (n = 189) in the form of a self-questionnaire with the aim of analyzing the obstruction and irritation scores for the patients suffering from a recently diagnosed BPH and treated with Serenoa Repens. RESULTS: The IPSS obstruction score was respectively 6.7 (3.8) and 5.9 (3.5) upon patient inclusion and after six months. This noted difference is statistically significant (p < 0.001). The IPSS irritation score was respectively 5.5 (2.6) and 4.5 (2.3) upon patient inclusion and after six months. This difference is here statistically significant with p < 0.0001. CONCLUSION: Treatment by first intention with Serenoa Repens thus showed a significant improvement as demonstrated by both the obstruction and irritation scores.

**PRK10**

**PATIENTS TREATED WITH SERENOA REPENS: EVOLUTION OF THE SCORES SPI AND SF12**

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OBJECTIVE: Undesirable mictional problems caused by a BPH have been found in 20 to 25% of the male population over 50 years old. This condition can thus be considered as a public health problem that offers many aspects in terms of diagnosis, therapeutics or economics. METHOD: Within the framework of a follow-up cohort study, a patient population suffering from a recently diagnosed BPH and treated with Serenoa repens (n = 158) was asked to fill in questionnaires SF12 and SPI upon inclusion and 6 months later. RESULTS: When looking at the SF-12, the results were organized in 2 types of scores: psychological (MCS-12) and physical (PCS-12). The SF12 scores upon patient inclusion were: PCS-12 = 41.7 and MCS-12 = 46.5. The SF12 scores after 6 months were: PCS-12 = 45.4 and MCS-12 = 46.9. These results bring out a significant improvement in the physical dimension of the SF-12 (p < 0.0001). The SPI score upon patient inclusion was 12.6 and reached 10.8 after 6 months of treatment. This improvement is statistically significant (p < 0.0001). CONCLUSION: Treatment by first intention with Serenoa repens thus showed a significant improvement as demonstrated by the 2 validated scales, SF12 and SPI.

**PRK11**

**BPH AND IPSS SCORES EVALUATED AFTER SIX MONTHS ACCORDING TO THE TYPE OF DISEASE MANAGEMENT**

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OBJECTIVE: Undesirable mictional problems caused by a BPH—benign prostatic hypertrophy—have been found in 20 to 25% of the male population over 50 years old. This condition can thus be considered as a public health problem that offers many aspects in terms of diagnosis, therapeutics or economics. METHOD: Using a follow-up cohort study, we isolated two groups presenting a recently diagnosed BPH: the first patient population was kept under medical supervision (n = 101) versus a second patient population undergoing treatment with Serenoa Repens (n = 112). RESULTS: For the patients under medical supervision, the IPSS score was respectively 11.8 (5.7) and 10.9 (6.7) upon patient inclusion and after 6 months. This difference is not statistically significant. However, for the patients treated with Serenoa Repens,