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Assessment of prostatic symptoms score among elderly adults

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Abstract

Benign Prostatic Hyperplasia (BPH) a noncancerous enlargement or hypertrophy of the prostate, is one of the most common diseases in aging men. It can cause bothersome lower urinary tract symptoms that affect quality of life by interfering with normal daily activities and sleep patterns. A Descriptive study was conducted to identify the risk of elderly adults with prostatic symptoms. A total of 50 elderly adults selected by purposive sampling technique. International Prostatic Symptoms Score was used to assess the prostatic symptoms. The result shows that among 50 elderly adults, 26% elderly adults belong to mild prostatic symptoms, 66% elderly adults belong to moderate prostatic symptoms, 22% elderly adults belong to severe prostatic symptoms. There was a significant association between Prostatic symptoms with their demographic variables of Age. This study was useful to identify elderly adults at risk of prostatic symptoms and difficulty in performing daily activities. Consequently, it is useful to monitor changes overtime.

Keywords: Prostatic symptoms, elderly adults, outpatient departments

Introduction

Benign Prostatic Hyperplasia (BPH) occurs in men older than 40 years. By the time they reach 60 years, 50% of men have BPH. It affects as many as 90% of men by 85 years of age. BPH is the second most common cause of surgical intervention in men older than 60 years next to cataract surgery. As men aged, the prostate glands enlarge in size. It may press on the urethra and cause the flow of the urine to be slower and less forceful. Many research studies conducted on this BPH because of its high prevalence and incidence. BPH develops over a prolonged period; changes in the urinary tract are slow and insidious. As a result of complex interactions involving resistance in the prostatic urethra to mechanical and spastic effects, bladder pressure during voiding, detrusor muscle strength, neurologic functioning, and general physical health.

BPH causes irritation or depression as a result of interrupted sleep and annoying visits to the bathroom. Post void dribbling and overflow incontinence may cause embarrassment and prevent the patient from socializing or leaving his home. Social isolation can affect quality of life and lead to clinical depression and severe anxiety. BPH is a highly relevant condition among men. Although frequently under reported it has effect on quality of life of the men, and his partner. There is a high incidence of associated psychological and sexual problems.

Need for the study

Benign prostatic hyperplasia (BPH) is the progressive enlargement of the prostate gland as a consequence of

non-malignant proliferation of cells within it (Roehrborn, 2011a). It is an age-related process with a prevalence of approximately 10% for men in their thirties, 20% for men in their forties, 50–60% for men in their sixties, and a staggering 80–90% for men 70 years and above (Bushman, 2009).

In Asia (40-60%), Australia (20- 28%), Europe (35-50%), North America (25-42%) South America (60-75%), Africa (70-90%) In India, incidence of BPH is 92.97%, within 65 years.

A Cross sectional study among individuals aged 50 years and over and its effects on the quality of life in a semi-rural area of western turkey. The statistical analysis was conducted using mann-whitney v tests, x^2 tests and logistic regression analysis. This study supports the Hypothesis that prevalence of LUTS was 78.7% and the prevalence of moderate to severe LUTS was 32.4%. The prevalence of LUTS was high in the men in this region of turkey and the degree of LUTS is inversely correlated with the quality of life. Arslantas (2017)

A cross sectional study was conducted among 3023 participants in china. In this study the LUTS were assessed by the IPSS, as a result the prevalence of storage symptoms 59.8%, was greater than that of voiding 23.6%, post micturition symptoms 14.6%, nocturia 58.2%, was the most common specific LUTS. LUTS are highly prevalent in china and may know risk factors are associated with these bothersome symptoms. Wang (2015)

A cross sectional study was conducted and included 291 urology clinics. The prevalence of storage LUTS was investigated in 25,482 men. In this study were assessed by the IPSS, overactive bladder questionnaire and patient perception of bladder condition questionnaire. The prevalence of storage LUTS was 41%, increasing with age 14.1%, 41.5%, 60.8% of patients aged 18-49, 50-64, 65-75 years respectively. The study was concluded that storage LUTS are highly prevalent among patients attending urology clinics in Spain. The severity of the urgency predicted a poorer quality of life for the patient. Cambronero santos (2016)

A population study was conducted among 2068 adults with a men age of 55 years. In this study were assessed IPSS and Overactive Bladder Symptoms Score. In the overall population according to IPSS, 30% had at least moderated symptoms. Overactive Bladder Prevalence was 16% in men. More than half of men aged \geq 40 years in Taiwan are affected are often bothersome. The severity of the urgency predicted a poorer quality of life for the patient. Liu (2018)

A Meta-analysis study was summarized and determined the global prevalence of BPH, studies that described the epidemiology to BPH were induced, cumulative plots and prevalence estimated were calculated. A total of 31% prevalence rate estimate from 25 countries were identified. The combined prevalence estimates slowed that the lifetime prevalence of BPH was 26.2%. This study supports the hypothesis that substantial variation between estimates, results suggest that nearly 1 in 4 will suffer from BPH over their lifetime. Lee Swh (2017).

LUTS associated with BPH can be bothersome and negatively impact on a patient's quality of life. As the prevalence of LUTS/BPH increase with age, the burden on the health care system and society may increase due to the aging population. Reviews and dissemination were searched to identify study on the epidemiological, humanistic or economic burden of LUTS/BPH, published in English between October 2001 and January 2013. The papers show that LUTS are common in UK, affecting $\approx 3\%$ of men aged 45-49 years, rising to >30% in men aged ≥ 85 years. This study concludes that European and USA studies have reported the major impact of LUTS on quality of life of patient Speakmen (2015)^[23].

Objectives

- To assess the prostatic symptoms among elderly adults.
- To associate the prostatic symptoms of elderly adults with their selected demographic variables.

Conceptual framework

Lydia Hall care, core, cure model was used in this study.

Care: It represents the nurturing component of nursing and is exclusive to nursing. Nurturing is mothering. The professional nurses were able to provide bodily care for the elderly adults with prostate problems and also helps the patient to identify the symptoms at an earlier stage.

Core: It is based on the social sciences, involves the therapeutic use of self, and is shared with other members of the health care team. The professional nurse, by developing an interpersonal relationship with the elderly adults, is able to help the elderly adults verbally express their feeling regarding the prostatic problems and its effects. Through their expression, the elder adults gain self confidence in solving their diseases.

Cure: It is based on the pathological and therapeutic sciences and is shared with other members of the health team. During this aspect of nursing care, the nurse is an active advocate of the elderly adults and participate in all aspects of the prognosis of the elderly adults with prostatic symptoms.



Fig 1: Modified Lydia's Hall Care Core Cure Model- for assessment of elderly adults with Prostatic symptoms

Methodology

Descriptive survey design was used for this study, which measures the prostatic symptoms among elderly adults in PSG hospitals, Coimbatore. 50 elderly adults selected by purposive sampling technique. International Prostatic Symptoms Score (IPSS) was used to assess the prostatic symptoms. Descriptive Statistics and Inferential statistics were used to analyze the data.

Results

In this study, 50 elderly adults are selected with the group of

60-80 years of age, majority of them (58%) are in the age group of 60-70 years, majority of them (50%) attended Primary education, majority of them (48%) are coolie, majority of them (100%) are married, majority of them (60%) are with body mass index was mild, majority of them (88%) are not smoking, majority of them (92%) are not consuming alcohol. Among 50 elderly adults, 13 (26%) had mild prostatic symptoms, 33(66%) had a moderate prostatic symptoms, 4(8%) had severe prostatic symptoms.



Fig 2: Distribution of prostatic symptoms significant association found between prostatic symptoms in elderly adults with their selected demographic variables of Age.

Conclusion

Benign prostatic hyperplasia becomes clinically significant when it starts contributing to bothersome lower urinary tract symptoms (LUTS). LUTS can cause disturbances to health-related quality of life and psychological well-being. It has been estimated that one third of all men over 50 years will develop LUTS due to BPH. According to McVary (2006), one quarter of men in their fifties, one third of men in their sixties, and approximately half of all men 80 years and above will suffer from moderate to severe LUTS due to BPH. LUTS are predicted to increase in occurrence and severity with the progression of age in men with symptomatic BPH, reinforcing that the natural progression of BPH may be age related. BPH is usually not life-threatening and its mortality rates have dwindled over the past century owing to advances in BPH treatments (Roehrborn, 2011a). The number of elderly people is expected to increase in the coming decades, and so too the prevalence of BPH is expected to increase. Such an increase will have a far-reaching impact, extending beyond the individual's physical and financial costs and affecting society at large. Healthcare costs will increase alongside increased subsidies and hospital costs to care for these men. Such costs would ultimately be transferred to society in the form of higher taxes and both private and governmental insurance premiums.

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References

- 1. Arrighi HM, Metter EJ, Guess HA, Fozzard JL. Natural history Of Benign Prostatic Hyperplasia and risk of prostatectomy. The Baltimore longitudinal study of aging urology 1991;38(1):4-8.
- Benign Prostatic Hyperplasia. Wikipedia, the free encylopaedia 2004. Available; from URL; "http://en.wikipedia.org/wiki/BPH".
- 3. Benign Prostatic Hyperplasia, Medscape, "URL:http// emedicine. Medscape.com/article/437359"-overview
- 4. Brunner, Suddarth's. A text book of Medical Surgical Nursing, South Asia Edition, Published by Wolter's Kluwer (India) 2018;2:1219.
- Bushman W. Etiology, Epidemiology and natural history of BPH, Department of urology, University of Winconsin Medical School, Urol Clin Am 2009;36(4)403-15, 5.
- 6. Basavanthappa BT. Medical surgical nursing, 3rd edition, Jaypee Brothers Medical Publishers 2, 650-651.
- Campbell-Walsh, Alan Wein J, Louis Kavoussi R, Alan Partin W, Craig Peters A. Urology, 11th edition, Alan Elseiver publication 3, 859-810.
- Christopher Woodhouse. Adolescent Urology and Long-Term Outcomes, Wiley Blackwell, John Wiley and Sons 2015, 870-873.
- 9. Fernandez Arjona M, Periara Sanz I. Benign Prostatic Hyperplasia: a highly prevalent disease in the elderly

spain. Rev Esp Geriatr Gerontol 2008;43(1):44-51.

- Hinman. Atlas of Urologic Surgery, 4th edition, John A. Smith, Jr. Stuart S. Howards, Glenn M. Preminger, Roger R. Dmochowski, Elseiver publication 990-992.
- Hohenfellner, Rudolf, Fitzpatrick John M, McAninch. Jack W. Advanced Urologic Surgery, 3rd edition, Blackwell Publishers 897-899.
- Ignatavicius. Workman, Medical Surgical Nursing patient –centered collaborative care, 7th edition, published by Elsevier 1630-1631.
- 13. Indian Journal of Medical Sciences 2008;6(9):375-376. www.bioline.org.br
- 14. Jeannette Potts M. Essential Urology A Guide to clinical Practice, Humana Press publishers 550-552.
- 15. Kochuthresiamma Thomas. Medical Surgical Nursing, Jaypee Brothers Medical Publishers 1, 740-742.
- Lippincott. Manual of Nursing Practice, 10th edition Wolters Kluwer 1023-10.
- 17. Lewisetal. Medical Surgical Nursing, Elsevier Publications, 3rd edition 2004, 1436.
- Natural History, Epidemiology, Evaluation of BPH: AUA 2006 Findings, pumped 2006. URL://http://ncbi.nlm.nih/gov/pubmed/1695778
- 19. NP Gupta. Challenging and Rare Cases in Urology, Jaypee Brothers Medical Publishers 567-569.
- 20. Prevalence and impact of BPH, URL: //http://rapaflo.com/hcp-bph-prevalence/asp
- Phipp's. Medical Surgical Nursing, health and illness perspectives, 8th edition Monahan sands neighbours Mark Greek 756-757.
- 22. Smith, Tanagho's. General Urology", 18th edition Jack W. Mc Aninch, Tom F. Lue 501-505.
- Speakman M, Kirby R, Doule S, Ioannou C. Burden of male lower urinary tract symptoms (LUTS) suggestive of benign prostatic symptoms (BPH)-focus on the UK. BJU international 2015;115(4):508-519.
- 24. https://www.ncbi.nlm.nih.gov
- 25. http://www.pupmed.com
- 26. Vovk EI, Vertin AL, Zairatiants OV, Mishutchenko OP. Benign Prostate Hyperplasia as an age related problem, Russia, Arkh Patol 2008;70(2):55-9.
- 27. The Journal of Urology 2003;170(2, 1);530-537.
- 28. http://en.Wikipedia.org/wiki/Benign Prostatic Hyperplasia.
- 29. Oesterling JE, Benign Prostatic Hyperplasia; a review of its histogenesis and natural history. Prostate Suppl 1996:6:67-73.