

Risk Factors and Quality of Life of Patients with Benign Prostate Hyperplasia

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Abstract: The article provides a review of the literature on the main issues of dissemination benefits of benign prostatic hyperplasia are considered the main risk factors for the disease, an assessment of the quality of life of patients with benign prostatic hyperplasia.

Keywords: benign prostatic hyperplasia, risk factors, quality of life, prostate gland

In recent years, the Russian Federation has seen a noticeable increase in urological morbidity among the population. The peculiarity is that it increases among group of elderly people, and those who are neglected or have taken chronic forms of diseases that occur in background of severe pathology, which leads to high mortality [1, 2, 3]. For many years the problem of adding malignant hyperplasia of the preglad (BPH) remains constant clearly relevant, and first of all, due to the predominance of the frequency of this diseases among other urological pathology, high incidence of disease problems with loss of quality of life for men not only senile, but also mature age. It is known that morphological signs of BPH are recorded in men rank 50-60 years old in 40%, and over 60 years old – in 55-80% of observations and half of them associated with urinary disorders - research [4, 5]. Along with the tendency of BPH to this disease predisposes to “rejuvenation” is emerging as an important area of geriatrics practice. By 2030, their number will increase 30% [6, 7]. Among the surgical interventions in geriatric surgery adenomectomy ranks 3rd after abdominal operations and interventions for musculoskeletal injuries musculoskeletal system [8, 9, 10]. The prostate gland is the most a common urological disease among elderly and senile men [13]. Characteristic for this diseases, symptoms of dysfunction of the lower urinary tract cause 30% of patients to consult a doctor over 65 years of age [14].

Contact for BPH during the year per 1000 men on average is 20.3. Prevalence by data on referrals for BPH, with increasing age, progressively: from 4.8% under the age of 40 to 40.3% in aged 75 years and older. On average per one registered patient BPH accounts for 2.44 outpatient visits per year. Of the total number of requests during the year, the absolute majority (88.6%) accounts for the registration of chronic diseases BPH (43.6%) and exacerbation of chronic diseases (45.0%), and newly diagnosed diseases accounted for a noticeably smaller proportion (11.4%) [15, 16].

Analyzing epidemiological studies conducted in the United States, clinical signs of BPH are found in 14% of men aged 40 to 49 years, more than 24% of men aged 50 to 59 years old, 43% of men are from 60 to 69 years old, 40% are from 70 up to 79 years of age and in 90% of men over 80 years of age [16]. According to M.J. Barry et al. (1992) almost 2/3 of men who had violations urination, were not contacted or examined by doctors. Reasons were: 45% – fear of possible surgery or detection of prostate cancer, 29% – insufficient severity of symptoms, 14% believed that these symptoms were characteristic of age and not of the disease, 5% referred to a feeling of shame and 7% - for other reasons.

One of the leading reasons for patients' delay in seeking medical help is that 32.5% Such patients were considered to have symptoms characteristic of age. Every 4th patient with BPH (25.3%) does not know which doctor to see. In a significant proportion of patients (31.5%), the cause failure to seek medical help in a timely manner is mild symptoms [17, 18].

According to A.M. Shikova (2004) is of great interest in the distribution respondents according to the timing of their contact doctor. Of these, 39.2% of patients with BPH consulted a doctor immediately when they noticed the high symptoms of the disease, 11.5% - within 1-6 months and 9.2% - within 6-12 months. Relatively small part (4.6%) sought specialist advice within a period of 1 to 2 years and 3.9% – after 2 years and later. At the same time, almost a third of respondents (31.6%) could not remember the time you sought medical help.

Despite the fact that BPH is not life-threatening, manifestations of this disease in the form of symptoms of impairment lower urinary tract functions significantly reduce the quality of life of patients [19]. These symptoms are divided to obstructive (associated with compression of the bladder neck and urethra, enlarged prostate gland and difficulty in the outflow of urine) and irritative (caused by changes in the function of the detrusor, bladder sphincter and hyperactivity of alpha-1- adrenergic receptors of the bladder neck and prostatic urethra) [20,21]. Analyzing various factors, affecting the quality of life of patients BPH with symptoms of the disorder functions of the lower urinary tract, the following data were obtained: 71% of patients report a fear of developing cancer prostate, 66% – deterioration of sexual relationships and fear of surgery intervention, 47% of patients note deterioration of the social component life, 42% experience fatigue due to waking up at night. Also practically all patients (91% of cases) indicate anxiety about having another one age-related symptom [15].

Manifestations of BPH are significantly worsen the mental health of patients. During a psychometric examination of 310 patients. Neurotic disorders were identified: 53.8% of patients had a neurasthenic syndrome, 30% had a subdepressive syndrome, and 16.2% had a hypochondriacal syndrome.

After conducting drug therapy in patients with minor neuroleptics, antidepressants and tranquilizers in their mental state, a significant improvement in their condition was noted, while urological parameters did not change. This suggests that by influencing the mental component of the disease, we thereby increasing the quality of life of patients and creating a positive attitude toward treatment [12, 21].

Significant negative impact on quality of life of men suffering BPH, has a decrease in sexual activity [10, 19]. It has been proven that the prevalence of erectile dysfunction clearly correlates with age and at the age of 50 is about 50%, in 60 years old – 60%, at 70 years old – almost 70%. Also It was revealed that 72.2% of patients with erectile dysfunction are patients who have symptoms dysfunction of the urinary tract [17].

During the research it was found that patients with BPH with moderate and pronounced symptoms are 4-6 times more likely to report discomfort and the negative impact of the disease on quality of life than those patients whose symptoms were mild [18].

When examining each patient with BPH, practitioners must comply with the necessary diagnostic algorithm, avoiding, if possible, low-informative invasive and expensive diagnostic methods. The result of the clinical examination, in addition to assessment of the patient's general condition, there must be a clear understanding of severity of symptoms, degree of urodynamic disturbance, volume and pattern of prostate growth. Particular attention should be paid to detecting prostate cancer [12, 15].

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