Second-hand prostatism: effects of prostatic symptoms on spouses’ quality of life, daily routines and family relationships

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Objectives. The aim of this study was to explore the impact of male prostatic symptoms on their partners’ quality of life, daily routines and family relationships.

Methods. A structured telephone interview study was carried out on a random sample of 215 of the wives and partners of men aged 50 years or older drawn from those registered at four family medicine centres in Israel. They were asked about sleep disturbances, number of night-time wakings, and the effect on sexual relations, travel, entertainment, family and social relationships.

Results. The vast majority of women (86%) were affected by their partners’ prostatism, with multiple consequences for their daily routines, quality of life and relationships. Sleep was the area of greatest concern, with 46% of women regularly waking due to their partners’ urination disorder. The women reported other limitations: 37% noted problems with sexual functioning; 17% were unable to take long trips with partners; 10% could not visit places without toilets; while 8% were unable to go to the cinema or theatre. Women felt that their partners’ prostatic symptoms were also to be blamed for upsetting family relationships (10%) and relationships with friends (16%). There was near total correspondence between women and their male partners regarding the effects of prostatic symptoms.

Conclusions. Prostatism has an impact on men and women; strategies that consider the whole couple should be developed and utilized when considering treatment options.

Keywords. Benign prostatic hypertropy, family function, prostatism, quality of life, spouse.

Introduction

Prostatism, more recently termed ‘lower urinary tract symptoms’, is extremely common in older men. Symptoms are generally related to bladder voiding function and may include nocturia, increased urinary frequency, urgency, hesitancy, intermittency, weak stream and incomplete bladder emptying. A limited number of community-based population studies have shown that 8–31% of men in their fifties and 27–44% of men in their seventies have moderate to severe symptoms of prostatism. Among British men in their seventh decade sampled in a questionnaire survey, 29% had nocturia twice per night, 11% had nocturia three or more times and 19% complained of varying degrees of urge incontinence. Prostatism has been shown to affect men’s quality of life and may be associated with more serious outcomes, such as urinary outlet obstruction and declines in health status. The effects of prostatism are not exclusive to the male sufferer. Spouses’, partners’ and families’ daily routines, quality of life and relationships may also be affected. To the best of our knowledge, the consequences of prostatism on anyone except the identified patient have not been explored, resulting in a gap in information relating to this topic. This research is designed to examine these effects within the context of a study of prostate symptoms among Israeli men over the age of 50.
Methods

Sites and subjects
Telephone interviews were conducted with women whose partners complained of prostatic symptoms. The sample was obtained after interviewing a random sample of men aged 50 years and older, drawn from those registered at four family medicine centres in Israel. The four family medicine centres are part of the largest health maintenance organization in Israel, Health Services (CHS), which serves >65% of the Israeli population. The centres are located in two metropolitan urban areas in the south and centre of the country (Beer-Sheva and Rehovot, a suburb of Tel Aviv), one development town (Migdal Ha’Emek) and a large communal rural settlement (Kibbutz), both in the north of Israel.

Of the 4256 men who met the inclusion criteria, 38% (n=1617) were randomly selected for an interview. Using the International Prostate Symptom Score (IPSS), a validated questionnaire which quantifies the severity of symptoms resulting from benign prostatic hypertrophy (BPH). The IPSS score consists of the following sub-classes: minor symptoms (IPSS score of 1-7); moderate symptoms (IPSS score of 8-19); and severe symptoms (IPSS score of 20-35). Three hundred and thirty-four men (21%) were identified as having prostatic-related symptoms. Two hundred and ninety-five (78%) of the symptomatic men had wives or female partners. Consent to interview their wives or partners was requested and 88% agreed (n=259). Efforts were then made to contact and elicit informed consent from each of these women.

Eighty-three percent (215) of the potential sample of 259 women were willing to participate, while 26 refused and 18 could not be reached despite five repeated attempts. The average age of female respondents was 62 years, ranging from 42 to 85 years of age. Eighty-eight percent of the women interviewed were married (189).

Data collection
The questionnaire administered to the women whose partners were identified as suffering from prostatism consisted of multiple choice questions, similar in content to those used for the men. Subjects were questioned about their partners’ symptoms and then asked to gauge the effect on their daily routines, quality of life and relationships. Women were also asked to specify their average number of night-time wakings due to their partners rising to urinate.

Data analysis
Data were collected onto pre-printed questionnaires and entered into a database using a data entry program, Epi-info 6.0. The data were analysed with SPSS-PC, using the McNemar test (non-parametric test for paired nominal variables). A P < 0.05 was defined as statistically significant.

Results

Women’s assessment of their partners’ symptoms and effects on their quality of life
A third of the women interviewed (76) claimed that their partner’s lower urinary tract symptoms were a problem. Of these women, 27% (20) considered it ‘very disturbing’. Further probing revealed that their partners’ prostatism negatively affected multiple facets of their daily routines, quality of life and relationships (Table 1).

Sleep was the area of greatest concern. Forty-six percent (95) of the women in the sample reported waking regularly due to their partners’ urination disorder, with two-thirds of those woken 2–4 times per night, and nearly one-fifth woken five or more times. Thirteen percent (28) of women reported inadequate sleep as a result. Thirty-seven percent (71) of women reported problems with sexual functioning as a result of their partners’ disorder. Impairment was also notable regarding the women’s ability to take long trips with partners (17%, 35), frequent places without toilets (10%, 20) or go to the cinema or theatre (8%, 12). Sixteen percent of the women in the sample (33) noted that their partner’s prostatic symptoms disrupted social relationships with friends. Ten percent (20) felt that the prostatism was to blame for upsetting family relationships, and among a minority of women it was felt to be the source of marital or relationship problems (10%, 20).

Comparison of responses from men with prostatic symptoms and their spouses
There was near total correspondence between women and their male partners in reporting the effects of prostatic symptoms (Table 1). Variance only surfaced with regard to sleep disturbances. Ninety-six percent of men, compared with 46% of women, reported waking regularly at night. Forty-seven percent of men woke 2–4 times per night to urinate, while only 31% of women reported waking up 2–4 times per night due to their husbands’ or partners’ waking to urinate (five or more wakings were reported by 16% of men and 9% of women). Although men woke more often, the women were aware of the number of times their partners woke. There were no significant differences in reports regarding the effects of the man’s prostatism on sexual relations, ability to take long trips, frequent places without toilets or go to the cinema or theatre.

Discussion
The results portray a consistent picture of the significant impact which men’s prostatic symptoms have on their partners’ daily routines, quality of life and relationships. We have found no other studies regarding the effects of prostatism or BPH on women or spouses (using a Medline search looking at publications on prostatism or...
prostatic symptoms or BPH and family, spouses, quality of life). Our findings are in agreement with the large body of research which has documented the impact of husbands' illnesses on their wives' quality of life in conditions such as general disability,15 cardiac disease or transplantation,16,17 Alzheimer's disease,18 peritoneal dialysis,19 long-term orthopaedic problems,20 stroke21 and multiple sclerosis.22,23 In couples, chronic illness in one partner can result in increased stresses and responsibilities for the healthy spouse, leading to what has been described as the 'spouse burnout syndrome'.24 Cardiac diseases, stroke and dementia are frequent conditions in which a need for the spouse's assistance and support are clear. This is not the case with lower urinary tract symptoms which seem so personal and private. Our results indicate that this is not the case. The high correspondence between women and their male partners regarding the effects of prostatic symptoms on daily routines, quality of life and relationships suggests that spouses might be able to be used as a proxy for one another in assessing such issues. This conclusion must be considered very cautiously. A related study comparing husbands' and wives' preferences for prostate cancer screening25 found that women tended to assign a higher quality of life impact to complications of prostatic cancer, such as incontinence and impotence, than did their husbands. The only difference found between women and their male partners was with regard to sleep disturbances. Some might claim that some form of control might have been helpful since sleep disturbances can be common at this age. However, the women attributed their disturbances clearly and specifically to their partners' prostatic symptoms.

Given the multiple therapeutic options available in prostatic conditions and the important role of social support in chronic disease (particularly from the family26), it is important to consider the effects of prostatism on the whole couple. The consequences of deciding, for example, to wait and see might cause the continuing suffering of the patient and his wife or partner in terms of sleep, anxiety, general performance and other markers of quality of life. On the other hand, the decision to have surgery may arise for major complications such as urinary incontinence and erectile dysfunction. This has a tremendous impact on the function and the quality of life of the patient and his wife. Each of these in turn might have marked economic implications. All this emphasizes the importance of discussing the options and possible consequences with the men and their wives.

To the best of our knowledge, there have been no other studies to date which have considered the impact on women of their partner's prostatic symptoms. Further studies are needed, as well as the development of decision-making mechanisms, which take the couple as a whole into consideration.

References

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