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Health-Related Quality of Life and Coping Strategies Among Clients with Benign Prostatic Hyperplasia in Teaching Hospitals, Ekiti State, Nigeria

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Abstract:

Health-related quality of life (HRQoL) of aging men with Benign Prostatic Hyperplasia (BPH) is usually affected thereby contributing to increased morbidity and mortality rates worldwide. The main objective of the study was to assess the HRQoL and the coping strategies of BPH patients in teaching hospitals in Ekiti State (Ekiti State University Teaching Hospital, Ado-Ekiti and Federal Teaching Hospital, Ido-Ekiti). The study utilized a descriptive research design to assess HRQoL and coping strategies among the study participants. A total enumeration of 184 participants from two tertiary hospitals in Ekiti State was used. The reliability of the questionnaire was ascertained using Cronbach's alpha reliability coefficient calculated to be 0.89. A period of four weeks was used to collect data and four research assistants were involved. Data obtained were analyzed using Statistical Package for Social Sciences (SPSS) version 23. The study used descriptive statistics of simple percentage, mean and standard deviation while the hypothesis was tested using inferential statistics of chi-square at 0.05 level of significance. The findings showed that59.3% of the respondents had good HRQoL and 54% had good coping strategies. Also, there was

significant relationship between the health-related quality of life and the coping strategies adopted by the respondents. Therefore, it can be concluded from these findings that there is need to improve on the health-related quality of life of the respondents as many of them were not using all the coping strategies due to ignorance. It was recommended among others that the nurses and other health care professionals should intensify efforts in educating the BPH patients on the coping strategies that are helpful in improving their HRQoL.

Keywords: Health-related Quality of Life, Coping strategies, Benign Prostatic Hyperplasia (BPH),

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Introduction

Health-related quality of life (HRQoL) is a concept that emphasizes the importance of patient-centered outcomes which is applicable to individuals with chronic non-fatal conditions like Benign Prostatic Hyperplasia (BPH) who live for many years after diagnosis. The aging process brings about the enlargement in the size of the prostate gland in an elderly man which narrows the urethral, resulting into difficulty in passing urine. This experience, diagnosed as BPH is usually distressing and it develops gradually, to the extent of affecting the quality of life of the patients. The rising cost of treating men with this condition brings about the need to consider the health-related quality of life of the BPH patients. Although not all aging men will experience BPH, statistics has shown that one out of four men may have it (Adegun, et al., 2016). This makes BPH a significant health problem with high prevalence and manifestations that affect the health-related quality of life of the victims. It has been estimated that one third of all men over 50years will develop LUTS due to BPH, one quarter of men in their fifties, one third in their sixties and approximately half of men from 80years and above will suffer from moderate to severe LUTS due to BPH (Pinto, et al, 2016; Castaneda, 2017; Illiades, 2019). This makes BPH a condition of concern because of how it affects the HRQoL of men.

The coping strategies in form of healthy lifestyles and self-care help to improve health-related quality of life of BPH patients (Pinto, et al, 2016). Physical activities like walking and reduced sitting time have been found to be useful. The other coping strategies include: avoiding foods and beverages that are diuretics such as coffee, caffeinated tea, herbal tea, lemon juice, chocolate, pineapple, grapes and cherries (Castaneda, 2017). Simple changes in daily routine like reducing fluid intake at night and not drinking anything for about two hours before bedtime would reduce the stress of frequently waking up in the night to urinate. There are other measures according to Samadi (2016), which are reducing stress by exercising regularly and practicing relaxation techniques like meditation. The need for double-voiding while in the bathroom, giving up alcohol and caffeine, drinking smaller amounts of water at a time (better than guzzling large glasses of water all at once, thereby preventing dehydration and concentrated urine which irritates the bladder), were also emphasized by Gumaer (2017). A prostate-friendly diet which includes lots of fruits, vegetables, soy products and green tea, as well as kegel exercises to strengthen the bladder muscles were also noted by Illiades (2019).

The findings of Park, et al (2020), revealed that HRQoL of BPH patients are affected in form of psychological stress as a result of anxiety and setback in their social activities. According to these authors, if BPH is left untreated or not properly treated, it can result into acute urinary retention, incontinence and urinary tract infections progressing in severity with increase in age, thereby affecting quality of life of the victims. The symptoms of BPH can adversely affect different aspects of quality of life. Urinary symptoms are usually related to a subjective decrease in quality of life. An exploratory study by Yongcheng, et al (2020), on self-care and quality of life in elderly Chinese patients with BPH also revealed the effects of BPH on their health-related quality of life to include anxiety, depression, social isolation and pain, which could result in daytime fatigue, decreased vitality, insomnia, increased incidence of infection.

In Nigeria, Ima-Abasi, et al (2018), observed that among the male University workers screened for BPH in Calabar, both moderate and severe symptoms affected the quality of life of the respondents. Also, the findings of a study carried out by Ojewole, et al, (2017) among men above forty years in Ibadan revealed that mild, moderate and severe symptoms of BPH had effects on the quality of life of the respondents. According to these authors, 72% were satisfied with their quality of life while 28% were not. The records of attendance of patients with BPH at the Urology clinics in the teaching hospitals in Ekiti State revealed that many older men are affected by this condition. Health-Related Quality of Life and Coping Strategies among clients with BPH cannot be over emphasized owing to the series of disturbing moments that accompany the nature of the illness. The experiences of the patients are often expressed as struggles that make it difficult for them to fill the gap between the ability to meet up with personal demands and fulfillment of their day to day expectations. Also, some persons may receive the diagnosis of BPH as a death sentence which may lead to poor health seeking behavior and poor quality of life. Apart from affecting the quality of life of the patients, BPH also constitutes a considerable financial burden on the society. This study is therefore intended to assess the health-related quality of life, identify the associated factors and the coping strategies among clients with BPH in the teaching hospitals in Ekiti State.

The main objective of the study was to assess the health-related quality of life (HRQoL) and the coping strategies of BPH patients in teaching hospitals in Ekiti State, Nigeria. The specific objectives were to:

1. assess the health-related quality of life (HRQoL) of BPH clients in teaching hospitals in Ekiti State;
2. identify the coping strategies of the respondents; and
3. determine the relationship between the HRQoL and the coping strategies of clients with Benign Prostatic Hyperplasia

Research Questions

1. What is the health – related quality of life (HRQoL) of BPH clients in teaching hospitals in Ekiti State?
2. What are the coping strategies of BPH clients in teaching hospitals in Ekiti State?

Research Hypothesis

H_0There is no significant relationship between the HRQoL and the coping strategies of clients with Benign Prostatic Hyperplasia attending teaching hospitals in Ekiti State.

Literature Review

Benign Prostatic Hyperplasia (BPH) is the progressive enlargement of the prostate gland in males. It affects the prostate gland, a male reproductive organ whose primary function is to secrete fluid that nourishes and protects sperm. It is hormonally dependent on testosterone and dihydrotestosterone (DHT) production. The normal prostate is about 20g at 21 to 30 years and remains so unless BPH develops. The prostate volume increases with age which makes the prevalence of BPH increases as men ages. By 40 years, histological evidence of BPH can be identified in about 8% of men. This increases to about 90% by 80 years and above. The early phase of BPH development that seems to be the most rapid is 31 to 50 years. Although the pathological changes in the prostate can begin as early as 30 to 40 years, symptoms do not usually occur until around 50 years and above (Bradley, et al, 2017).

BPH is associated with restrictions to daily life and physically acts as a cause of urinary tract infection and odour, making it one of the causes that reduce a patient's subjective health status and HRQoL. HRQoL refers to the subjective well-being status each individual may perceive in terms of physical, mental, socioeconomic and spiritual aspects. BPH affects HRQoL by inducing psychological stress in patients due to anxiety and deterioration of their social function. The more the symptoms of BPH, the lower the HRQoL of patients with BPH who experience worsening symptoms due to aging, which has been shown to be significantly reduced (Bradley, et al, 2017). HRQoL acts as a major factor affecting behaviors to manage diseases, hence improving the HRQoL can induce the treatment pursuing behavior of patients with BPH. Also, BPH is usually treated with medication and surgery. However effective treatment results can be expected only when an individual's health behavior improves simultaneously (Park, et al, 2020).

According to Erkoc, et al (2018), BPH produces many symptoms that affect the quality of life of patients that could be divided into two groups: irritative and obstructive symptoms. Irritative symptoms include frequent urination, dysuria and urgency while obstructive symptoms include hesitancy (trouble in starting to urinate), decrease in the caliber and speed of the urine stream, feelings of residual urine after urinating, dribbling after urination and intermittency. Although men may not be able to prevent BPH from affecting them, there are strategies that can mitigate the effects of the disease which include; seeking for medical intervention if urination habits change, behavioural changes such as simple changes in daily routine like reducing fluid intake at night, not drinking anything for two hours before bedtime, which will reduce the need to wake up frequently to urinate while sleeping. Other strategies are to avoid foods and beverages that are diuretics such as coffee, caffeinated tea, herbal tea, lemon juice, chocolate, grapes and cherries. These can affect muscle tone of the bladder and stimulate kidneys to produce urine, leading to nighttime urination (Castaneda, 2017). Also, reducing stress is very helpful. Men that are nervous and tense urinate more frequently. Stress and anxiety in general can increase the need to urinate. Hence, reducing stress by exercising regularly and practicing relaxation techniques like meditation are very helpful. Taking a long, hot bath followed by reading a book can also be helpful (Illiades, 2019). The need to discuss any medication with the doctor and avoid the use of over-the-counter drugs which may contribute to BPH symptoms is also useful as a coping measure (Samadi, 2016).

There are other coping measures which are very relevant to BPH patients which include: double-void the bladder while in the bathroom to ensure that the man urinates as much as he can. Double-voiding means, after urinating, take a moment to relax in the toilet, and try to urinate a second time. It can take several minutes but is effective in thoroughly emptying the bladder. Another measure is not to stop drinking water. BPH patients should avoid drinking less to prevent dehydration. However, change the time to drink. Give up drinking fluids two hours before going to bed, and try to urinate before sleeping. This leads to fewer needs for waking up to urinate. Also, they should drink smaller amounts of water at a time. The intake of smaller amounts of fluids at regular intervals is better than guzzling large glasses of water all at once. This is because concentrated urine irritates the bladder, meaning

that more diluted urine makes it easier to last longer between bathroom breaks (Gumaer, 2017). In addition, they should exercise the bladder muscles.

The findings of a study by Erkoc, et al (2018), on the Evaluation of quality of life in patients undergoing surgery for benign prostatic hyperplasia in Turkey revealed improvement in their quality of life after the surgery. The study included 120 patients who underwent surgery for BPH at a training and research hospital. The short-form health survey (SF-36) was administered to the patients before surgery and at three months after the surgery. When the eight parameters within the SF-36 health questionnaire were examined separately, the findings showed that patients' quality of life increased significantly with respect to physical functioning, social functioning and role limitations because of emotional problems, vitality, bodily pain, general health perceptions and mental health domains three months after the surgery. Also, the findings of Park, et al (2020) indicated that frequent urination and residual urine in patients with BPH have negative physical and psychological effects on them, which may lead to a decrease in economic activity and sometimes result in personal economic losses.

The findings of Yongcheng, et al (2020), from an exploratory study on the self-care and quality of life in elderly Chinese patients with BPH revealed that BPH is predictable and preventable, indicating the behavioural and dietary modifications to include use of relaxed and double-voiding techniques; urethral milking to prevent post micturition dribble; distraction techniques such as penile squeeze, breathing exercises, perineal pressure and mental tricks to take the mind off the bladder and toilet to help control storage symptoms. In addition, these authors recommended bladder retraining, encouraging men to hold on when they have sensory urgency, to increase their bladder capacity and the time between voids; providing necessary assistance when there is impairment of dexterity, mobility, or mental state; and reviewing medication and optimizing the time of administration or substituting certain drugs for others who have fewer effects.

Methodology

The study adopted a cross-sectional descriptive design method to assess the health-related quality of life and coping strategies among clients with Benign Prostatic Hyperplasia in teaching hospitals in Ekiti State. The population include clients with BPH attending Urology clinics in Ekiti State University Teaching Hospital, Ado Ekiti and Federal Teaching Hospital, Ido Ekiti. The researcher chose the entire population (total enumeration) because the size of the population with the characteristics of interest to the study in these hospitals was small. A total enumeration of all clients attending Urology clinics in the two selected teaching hospitals in Ekiti State were used for the study. Therefore, for the period of 4 weeks used for data collection, the total from EKSUTH was 63 while that of FTH was 121, making a total of 184 used for this study.

The instrument for data collection was a structured questionnaire which consisted of three sections A, B and C. Section A sought for the socio-demographic characteristics of the respondents, Section B sought for information on the assessment of the health-related quality of life of the participants while Section C contains 10 questions on the coping strategies utilized by the participants. The instrument was presented to experts in the field of study who ascertained the content and face validity of the instrument. The reliability of the

questionnaire was established through a test re-test method. Twenty copies of the questionnaire were administered twice within a period of 2 weeks on BPH patients at the Urology Clinic in the University of Medical Sciences Teaching Hospital (UNIMEDTH), Ondo State. The scores obtained from the two successive administrations were subjected to statistical analysis involving Pearson Product Moment Correlation statistics which yielded reliability co-efficient value of 0.89.

Participants were approached at the Urology clinics of the selected hospitals on each of the clinic days by the researchers and the research assistants. They were given explanation on the purpose of the study and encouraged to answer all questions. The copies of the questionnaire were given to the participants and each item was properly explained to them for clarity. Collection of the filled questionnaire was done immediately the participants were done. These were assessed to ensure that all aspects were filled accordingly. The data collected were analyzed using the Statistical Package for Social Sciences (SPSS), version 23.0. Frequency tables were constructed with data expressed on them. The research questions were answered using descriptive statistics of mean and standard deviations. The hypothesis was tested using inferential statistics of chi-square at 0.05 level of significance.

Results

Research Question 1: What is the health – related quality of life (HRQoL) of BPH clients in teaching hospitals in Ekiti State?

Table 1: Health-Related Quality of Life of Respondents

S/N	Variables	Frequency	Percent (%)
1	Mobility:		
	a. I have no problems in walking about	116	63.0
	b. I have some problems in walking about	61	33.2
	c. I am confined to bed	7	3.8
2	Self-Care:		
	a. I have no problems with self-care	129	70.1
	b. I have some troubles washing or dressing myself	49	26.6
	c. I am unable to wash or dress myself	6	3.3
3	Usual Activities (like work, study, house work, leisure activities)		
	a. I have no problems with performing my usual activities	118	64.1
	b. I have some problems with performing my usual activities	57	31.0
	c. I am unable to perform my usual activities	9	4.9
4	Pain/Discomfort:		
	a. I have no pain or discomfort	87	47.3
	b. I have moderate pain or discomfort	82	44.6
	c. I have extreme pain or discomfort	15	8.2
5	Anxiety/Depression:		
	a. I am not anxious or depressed	105	57.1
	b. I am moderately anxious or depression	63	34.2
	c. I am extremely anxious or depression	16	8.7

Table 1 depicts the assessment of Health-Related Quality of Life of BPH clients. In terms of mobility, 116(63%) had no problem in walking about, 61(33.2%) had some problems with walking about while only 7(3.8%) could not walk at all. As regards self-care of the clients, 129(70.1%) had no problems with self-care, 49(26.6%) had some troubles washing or dressing themselves and 6(3.3%) were unable to wash or dress themselves. 9(4.9%) were unable to perform usual activities like working, studying, leisure activities, 57(31%) had some problems with their usual daily activities and majority 118(64.1%) claimed that they had no problems with performing usual activities. 87(47.3%) disclosed that they did not experience pain or discomfort, 82(44.6%) had moderate pain or discomfort while 15(8.2%) were experiencing severe pain or discomfort. Majority of the respondents 105(57.1%) were not anxious or depressed because of their predicament. However, 63(34.2%) and 16(8.7%) were moderately and extremely anxious or depressed respectively. Summarily, about 109 (59.3%) had good HRQOL, 58 (31.5%) had fair/moderate HRQoL while 17 (9.2%) had poor HRQoL.

Research Question 2: What are the coping strategies of BPH clients in teaching hospitals in Ekiti State?

Table 2: The Coping Strategies adopted by the Respondents

Coping strategies	N	S	O	A	Mean±SD	R
I've been getting emotional support from others	14	90	55	25	2.47±0.82	NACS
I've been doing something to think about it less, such as listening to radio, watching TV, reading, sleeping or playing with others	16	85	58	25	2.50±0.84	ACS
I've been accepting the reality of the fact that it has happened	24	64	57	39	2.60±0.96	ACS
I've been trying to find comfort in my religion or spiritual beliefs.	21	65	56	42	2.65±0.96	ACS
I've been trying to get advice or help from other people about what to do.	33	69	47	35	2.45±0.99	NACS
I've been learning to live with it	19	59	66	38	2.60±0.24	ACS
I've been reducing fluid intake at night, not drinking anything 2hours to bedtime	29	79	59	17	2.35±0.86	NACS
I've been reducing sitting time	23	75	59	26	2.48±0.88	NACS
I've been increasing physical activities	35	64	61	24	2.40±0.94	NACS
I've been taking time to completely empty the bladder while bathing (double-voiding)	19	69	66	30	2.58±1.87	ACS

Weighted mean = 2.5, N=Never, S=Sometimes, O=Often, A=Always, NACS =Not A Coping Strategy, ACS = A Coping Strategy

In Table 2, 10 items were on coping strategies out of which five were not coping strategies used by the respondents since their calculated means were less than expected mean of 2.50. These include: I've been getting emotional support from others (2.47); I've

been trying to get advice or help from other people about what to do (2.45); I've been reducing fluid intake at night, not drinking anything 2hours to bedtime (2.35); I've been reducing sitting time (2.48) and I've been increasing physical activities (2.40). The general coping strategies adopted by the respondents include: I've been doing something to think about it less, such as listening to radio, watching TV, reading, playing with others among others with mean value of 2.50; I've been accepting the reality of the fact that it has happened had mean of 2.60; I've been trying to find comfort in my religion or spiritual beliefs with the highest mean of 2.65, while I've been learning to live with it and I've been taking time to completely empty the bladder while bathing (double-voiding) had mean scores of 2.60 and 2.58 respectively. Therefore, about 99 (53.8%) had good coping strategies while 85(46.2%) had poor coping strategies.

Test of Hypothesis

Ho: There is no significant relationship between the HRQoL and the coping strategies of clients with Benign Prostatic Hyperplasia attending Teaching Hospitals in Ekiti State.

Table 3: Relationship between Coping Strategies and HRQoL

Health-Related Quality of Life	Coping Strategies		Total	Df	χ^2	P
	Poor Coping Strategy	Good Coping Strategy				
Good	64	45	109			
Fair	16	42	58	2	16.38	< 0.001
Poor	5	12	17			
Total	85	99	184			

Table 3 shows the relationship between health-related quality of life of the respondents and their coping strategies. It was found that chi-square value was 16.38 and alpha value was less than 0.001. It was significant. Therefore, the null hypothesis that there is no significant relationship between the HRQoL and the coping strategies of clients with Benign Prostatic Hyperplasia attending Teaching Hospitals in Ekiti State was rejected at 0.05 level of significance. It implies that the health-related quality of life significantly determined the coping strategies adopted by the sampled clients.

Discussion

The findings on the health-related quality of life of BPH clients in teaching hospitals in Ekiti State revealed that 116 (63%) did not have problem of mobility, 129 (70.1%) did not have problem of self-care, 118 (64.1%) had no problem with performing usual activities,

105 (57.1%) were not anxious or depressed and 87 (47.3%) did not have any pain or discomfort. However, 61 (33.2%) had some problems with mobility and 49 (26.6%) had some troubles washing or dressing themselves. Also, 82 (44.6%) had moderate pain and 15 (8.2%) had extreme pain. 63 (34.2%) claimed to be moderately anxious or depressed and 16 (8.7%) said they were extremely anxious or depressed. Summarily, about 109 (59.3%) had good HRQoL, 58 (31.5%) had fair HRQoL while 17 (9.2%) had poor HRQoL. These findings on pain and anxiety corroborates that of Yongcheng, Keji and Shuxia (2020), who conducted a study on self-care and quality of life in elderly Chinese patients with BPH and revealed that such patients might exhibit emotional and social function difficulties like anxiety, depression, social isolation and pain. In addition, the findings of Park, et al (2020), were similar to this study as they documented that BPH affects HRQoL by bringing about psychological stress in patients as a result of anxiety and setback in their social activities.

The findings on the coping strategies adopted by the respondents revealed that out of the ten coping items indicated, five were not been used regularly by the respondents because their calculated means were less than weighted mean of 2.5. These include: I've been getting emotional support from others (2.49); I've been trying to get advice or help from other people about what to do (2.45); I've been reducing fluid intake at night, not drinking anything 2hours to bedtime (2.35); I've been reducing sitting time (2.48) and I've been increasing physical activities (2.40). Therefore, about 99 (53.8%) had good coping strategies while 85 (46.2%) had poor coping strategies. The five coping strategies not usually adopted by respondents in this study emphasized the need for health education program for BPH patients in the settings used. The findings are in contrast with that of Lee et al, (2017) who conducted a study among community-dwelling elderly Chinese men and observed use of coping strategies like restricted fluid intake, more exercises, using specific voiding posture, not seeing lower urinary tract symptoms associated with BPH as problems, but as part of normal aging process. Ojewole, et al, (2017) also had contrary findings indicating use of relaxed and double-voiding techniques, distraction techniques such as penile squeeze, breathing exercises, perineal pressure and mental tricks to take the mind off the bladder and toilet to control storage symptoms. The differences in these findings indicate that there several ways of coping with the challenges of BPH which would help to improve the health-related quality live of the victims.

The findings of this study revealed the association between health-related quality of life of the respondents and their coping strategies. It was found that Pearson's chi-square value was 16.38 and alpha value was less than 0.001. It was significant. Therefore, the null hypothesis that there is no significant relationship between the HRQoL and the coping strategies of clients with Benign Prostatic Hyperplasia attending Teaching Hospitals in Ekiti State was rejected at 0.05 level of significance. It implies that the health-related quality of life significantly determined the coping strategies adopted by the sampled clients. This is supported by the findings of Pinto, et al (2016) who opined that the coping strategies in form of healthy lifestyles and self-care not only prevent the worsening of BPH symptoms but also slow down the progress of the disease and improve quality of life. Despite the different ways by which BPH affects the HRQoL of the patients, the coping strategies are helpful for the patients in having a balanced lifestyle. Physical activities like walking and reduced

sitting time have been found to improve quality of life of BPH patients because improvement of patient's physical health function improves the HRQOL (Wolin et al, 2015).

Conclusion

The study revealed that only 59% had good HRQoL and 54% had good coping strategies. These could be due to the fact that majority of these patients have been on the treatments for up to two years and above.

Recommendations

Based on the findings of this study, it is hereby recommended that:

1. A nurse-led educational intervention program should be conducted in all health institutions in Nigeria to improve the knowledge of BPH patients on their health-related quality of life and coping strategies.
2. The teaching hospitals should be adequately equipped to enhance delivery of quality health care for patients with BPH.

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