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1739 THE ASSOCIATION OF SUICIDAL IDEATION, DEPRESSION AND LOWER URINARY TRACT SYMPTOMS, DATA FROM THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES), 2005-2006 AND 2007-2008

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Predictors of Initial Treatment Method - Multinomial Logistic Regression

Patient Initial Treatment Group*	Variable	Odds Ratio	95% Confidence Interval	p-value
MEDICAL THERAPY	Age	1.00	1.00-1.00	<0.0001
	Race**			
	Black	0.99	0.97 - 1.01	0.4
	Other	0.95	0.93 - 0.97	<0.0001
Socioeconomic Status***	Service Connected	0.90	0.88 - 0.91	<0.0001
	Other	0.76	0.74 - 0.77	<0.0001
Region****	Northeast	0.71	0.69 - 0.73	<0.0001
	South	1.10	1.08 - 1.12	<0.0001
	West	1.01	0.98 - 1.03	0.6
Comorbidities (n)		1.01	1.01 - 1.02	<0.0001
Initial Provider*****	Urologist	0.48	0.47 - 0.50	<0.0001
PSA		0.97	0.97 - 0.97	<0.0001
SURGERY	Age	1.03	1.02 - 1.04	<0.0001
	Race**			
	Black	0.78	0.56 - 1.08	0.1
	Other	0.56	0.40 - 0.78	<0.001
Socioeconomic Status***	Service Connected	0.75	0.60 - 0.94	0.01
	Other	0.56	0.40 - 0.78	<0.001
Region****	Northeast	0.60	0.43 - 0.85	<0.01
	South	0.68	0.53 - 0.87	<0.01
	West	1.08	0.83 - 1.42	0.6
Comorbidities (n)		1.07	1.02 - 1.11	<0.01
Initial Provider*****	Urologist	1.73	1.32 - 2.27	<0.0001
PSA		1.03	1.02 - 1.04	<0.0001

Reference Categories: * = WW; ** = White; *** = Low Income; **** = Midwest; ***** = Primary Care

Source of Funding: None

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PATIENT WITH SMALL RESECTED PROSTATE WEIGHT IN TRANSURETHRAL RESECTION OF THE PROSTATE IS ASSOCIATED WITH A HIGHER INCIDENCE OF NEUROLOGICAL COMORBIDITIES IN A NATION-WIDE STUDY

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INTRODUCTION AND OBJECTIVES: Transurethral resection of the prostate (TURP) is a standard procedure for relieving prostate obstruction to improve lower urinary tract symptom (LUTS). However, some patients have persistent LUTS following TURP and we suspect some neurological co-morbidities might contribute to LUTS. We conducted this study to investigate the prevalence of some neurological disorders in patients receiving TURP.

METHODS: The subset of the National Health Insurance Research Database (NHIRD) of Taiwan contains data of all medical benefit claims and covers most Taiwan populations. According to ICD codes-9, all patients received TURP from 2006 to 2009, with diagnostic codes, 600.X-602.X. All patients with diagnosis of genitourinary cancer before TURP were excluded. The patients were also excluded if the diagnosis of prostate cancer was recorded in one month after operation. Different benefit claims were submitted to National Health Insurance according to different resected prostate weight. Therefore we could subdivide patients into three groups, small group (< 15 grams), medium group (15~50 grams), large group (>50 grams). We determined the incidence of neurological diagnostic codes of cerebrovascular event (CVA) (430,431,432.X,433, 434.X,436-438), Parkinsonias disease (332.X), spinal stenosis (724.0X, 723.0), herniation of intervertebral disc (HIVD) (722.0X-722.2X,722.4X-722.7X), which were claimed within one year before TURP. The difference between these three groups was analyzed.

RESULTS: Among the total population of 22.8 millions, 33905 patients received TURP for BPH from 2006 to 2009. The patients number of each subgroups were 14511 (42.8%) in small group, 16487 (48.6%) in medium group, and 2907 (8.6%) in large group. The number of patients with CVA, Parkinson disease, spinal stenosis, and HIVD diagnosed before TURP in each subgroup was shown in the Table 1. The incidence of every neurological disorder is significantly higher in smaller resected weight group than in medium and large group.

CONCLUSIONS: This study found that the incidence of neurological comorbidity is significantly higher in patients with smaller weight resected by TURP. It implies that neurological comorbidity significantly contribute to male LUTS.

Table 1. Incidence rate of neurological co-morbidities before TURP

	Small gram, n (%)	Medium gram, n (%)	Large gram, n (%)	p value*
Total TURP No.	14511	16487	2907	
CVA stroke	1253 (8.6)	1127 (6.8)	177 (6.1)	< 0.001
Parkinson disease	461 (3.2)	423 (2.6)	68 (2.3)	0.001
Spinal stenosis	420 (2.9)	353 (2.1)	54 (1.9)	< 0.001
HIVD	448 (3.1)	368 (2.2)	46 (1.6)	< 0.001

*: Using chi-square model

Source of Funding: None

1739

THE ASSOCIATION OF SUICIDAL IDEATION, DEPRESSION AND LOWER URINARY TRACT SYMPTOMS, DATA FROM THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES), 2005-2006 AND 2007-2008

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INTRODUCTION AND OBJECTIVES: To examine the association between self-reported lower urinary tract symptoms (LUTS) and suicidal ideation or depression in a large cross-sectional population-based study.

METHODS: The study included 2890 men participating in the 2005-2006 or 2007-2008 cycles of the National Health and Nutrition Examination Survey (NHANES), who were \geq 40 years old and without a history of prostate cancer. Men were considered to have LUTS if they reported nocturia, urinary hesitancy and/or incomplete bladder emptying and were examined by number of LUTS symptoms. Men reported frequency of suicidal ideation in the prior two weeks (frequency categories) and depression status was determined using the 9 item depression scale of the Patient Health Questionnaire (PHQ-9). Logistic regression was used to measure association. Multivariate models were adjusted for demographic factors (age, race, education), lifestyle factors (smoking, physical activity, alcohol use, BMI), comorbidities, health care utilization, and other factors associated with depression including depression medications. Suicidal ideation adjusted models also included emotional/financial support and number of close friends.

RESULTS: The prevalence of LUTS was 43.3% and 5.6% for men reporting 1 symptom and \geq 2 symptoms, respectively. Moderate to severe depression and suicidal ideation were reported by 181 (6.3%) and 109 (3.8%), respectively. Men with depression were more likely to be younger, have less than a college degree, were more likely to smoke, and were less likely to exercise and consume alcohol on a weekly basis. Men with \geq 2 LUTS symptoms were more likely to report moderate to severe depression (adjusted odds ratio (AOR) 3.1, 95% Confidence Interval (95%CI) 1.2-8.1 and a trend was observed across higher (worse) depression scores ($p=0.02$). Men with \geq 2 LUTS symptoms had a 1.8-fold greater odds of suicidal ideation (95% CI, 0.9-3.7), with a significant trend observed with greater LUTS symptoms (Ptrend=0.01).

