

# Assessing health related quality of life in urology – is it done, how is it done, and what do German urologists think about it? A survey with >1,500 urologist working in Germany

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## Background & Aims

Urological diseases and their treatment often negatively influence continence, potency, and health-related quality of life (QoL).

Although current treatment guidelines in urology recommend assessing QoL in clinical practice, specific recommendations on how to measure QoL are frequently missing.

Therefore, we assessed if and how urologists perform QoL assessment and how they evaluate its usefulness and practicality.

## Methods

We used the member list of the German Association of Urology and the catalogues of the Associations of Statutory Health Insurance Physicians to identify all German urologists working either in private practices or hospitals. A random sample of 4,500 from the total of 5,200 urologists was drawn and invited to participate in a postal survey (initial letter plus one reminder after 6 weeks).

The questionnaire included questions on how QoL is assessed, attitudes towards the concept of QoL as well as items on the urologists' sociodemographics. Due to the exploratory character of the study we calculated mainly descriptive statistics. Chi<sup>2</sup>-tests and logistic regression were used for subgroup-analysis.

## Results

A total of 1,557 urologists (85% male and 15% female) participated. Their mean age was 49 years. Approximately 55% worked in private practices, 50% in hospitals, and only 8% in certified organ centres (multiple answers were allowed).

Most of them considered QoL assessment as "important" in daily work and only 7% reported not to assess QoL at all (Fig. 1).

The main aim of assessing QoL was to support treatment decisions, to monitor patients, as well as to have a "baseline measurement" (Fig. 2).

Main target groups for QoL assessment were patients with prostate carcinoma, incontinence, pain and benign prostate hyperplasia (Fig. 3). About 30% of urologists assessed QoL in every patient.

Two-thirds of urologists used questionnaires and interviews to assess QoL while one fourth mainly assessed QoL by simply asking "How are you today?". Among those who applied questionnaires, about 93% used standardized, validated questionnaires (Fig. 4).

Main barriers for QoL assessment were anticipated costs for standardized instruments (77%), questionnaires considered to be too long/burdensome for patients (52%), and effort for analyzing the results judged as too complex (51%).

## Summary and Conclusion

The vast majority of German urologists assess QoL in daily clinical routine. However, knowledge about QoL assessment, analysis, and interpretation seems to be limited. Therefore, urologists may benefit from a targeted education/information program.

Tab. 1: Description of our study population

	Females [n=239]	Males [n=1,318]	Total [n=1,557]
<b>Age (in years)</b>			
Mean (SD)	44 (SD 8)	50 (SD 10)	49 (SD 10)
Range	31-72	27-90	27-90
<b>Consultant</b>			
Consultant (%)	88%	96%	95%
Consultant since years (mean (SD))	11 (8%)	17 (10%)	16 (10%)
<b>Working environment</b>			
Privat practice (%)	19.8%	32.0%	30.1%
Group (private) practice (%)	20.0%	26.1%	25.2%
Certified Prostate Center (%)	6.9%	8.7%	8.4%
District hospital (%)	34.9%	20.0%	22.3%
Community hospital (%)	15.1%	16.3%	16.1%
General hospital (%)	12.9%	12.4%	12.5%

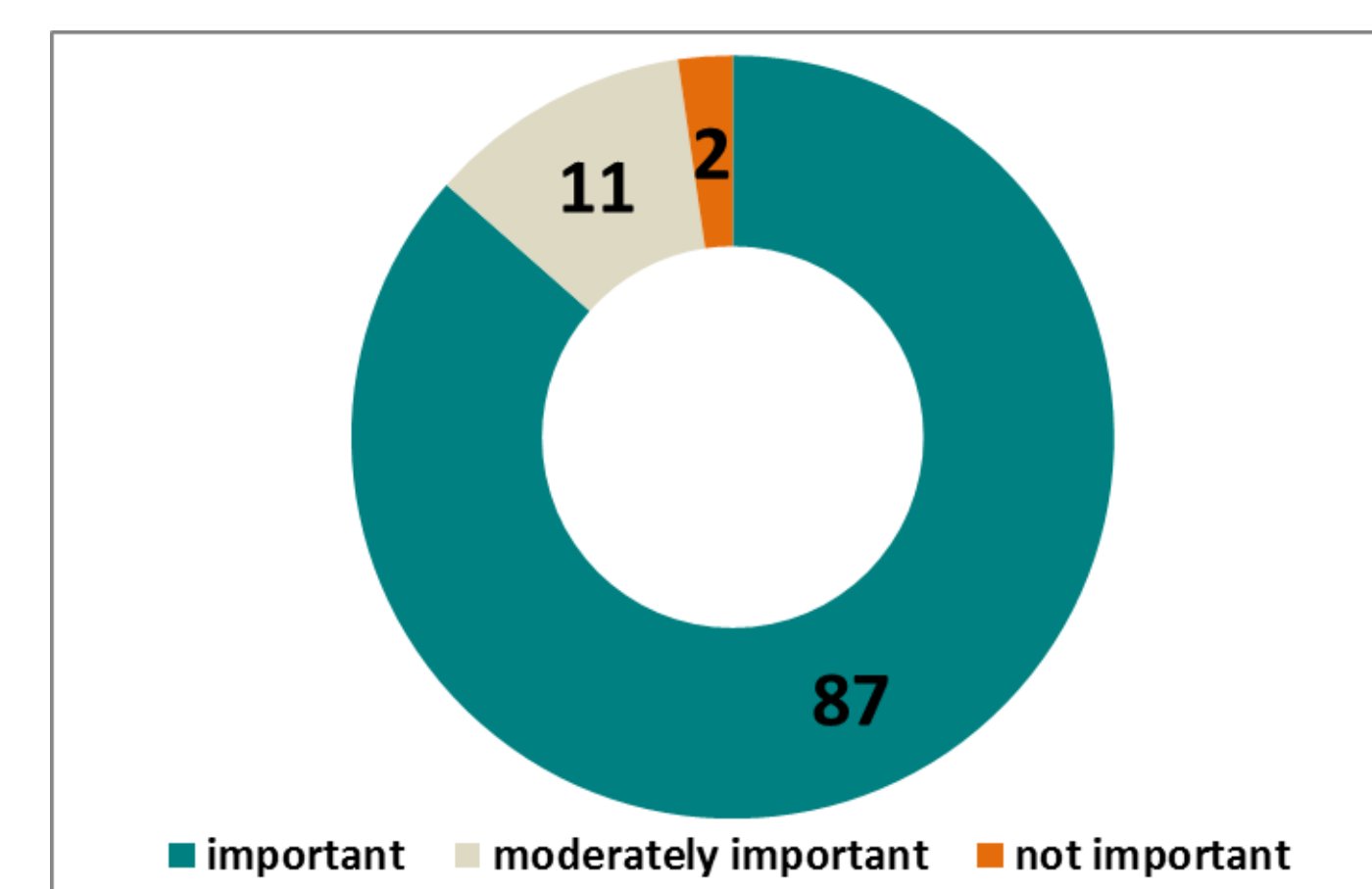


Fig. 1: QoL assess is ... in daily work (in %)

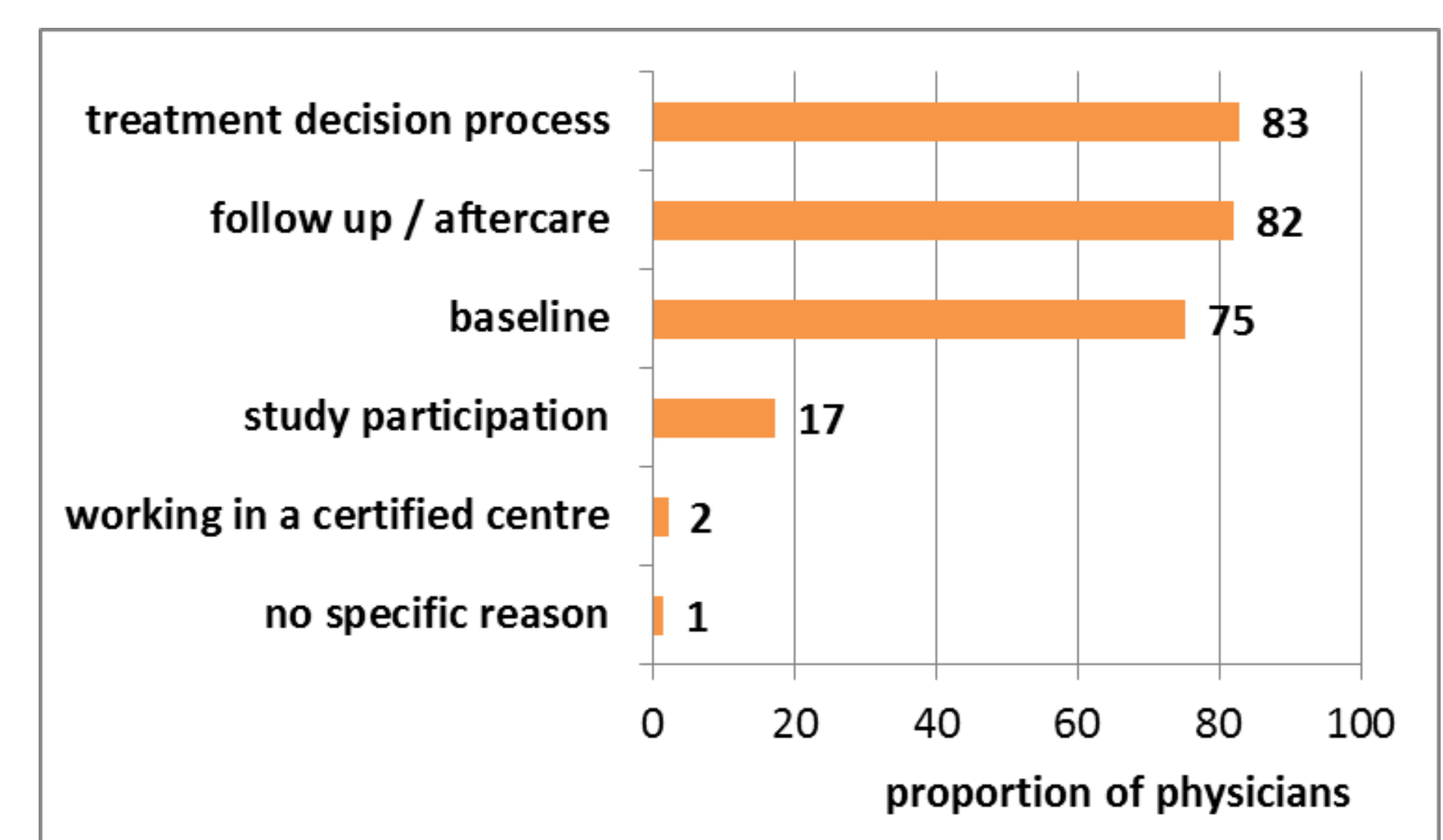


Fig. 2: Reasons for QoL assessment

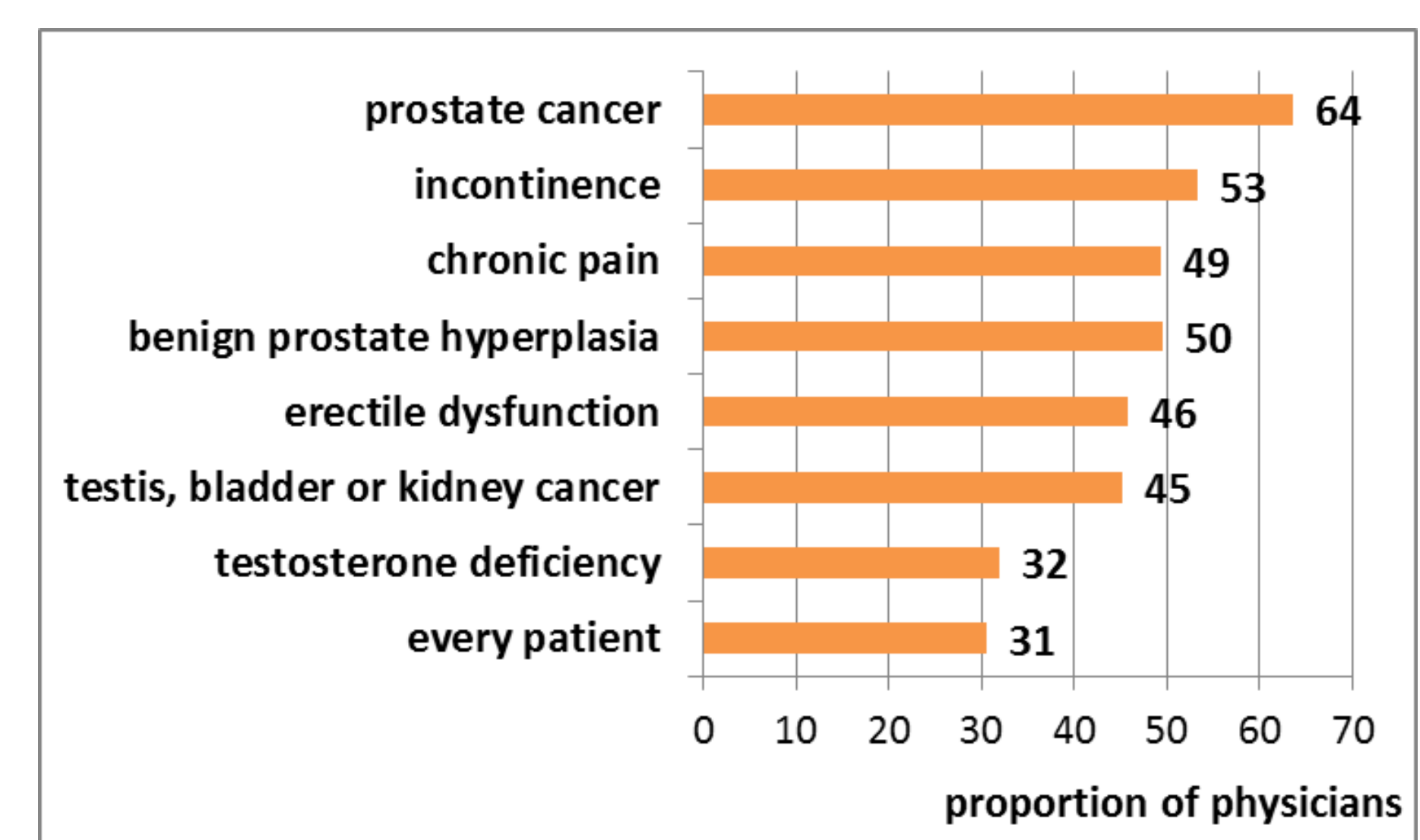


Fig. 3: Target groups for QoL assessment – patients with...

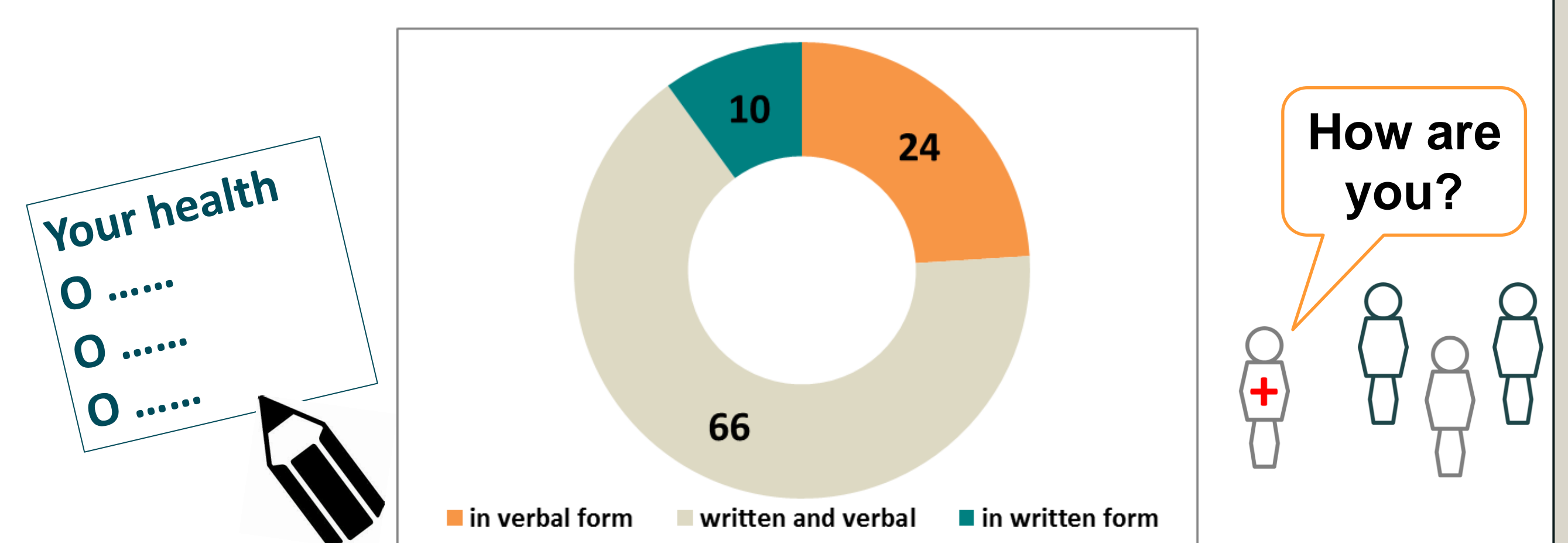


Fig. 4: Proportions of urologists that assess QoL in written or verbal form or in a mixed form



## Further information:

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