

for clinical control or postal questionnaires after a normal visit at 3 mo after surgery; as no patient presented a major complication or need for surgical revision following long term clinical control. I would point out this should be seen with caution as slow flow was reported by half of patients at 1 and 5 years of follow up and no objective exam was performed to diagnose a possible obstructive flow. Also, ICIQ-SF does not take this matter into account.

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Are commonly used psychoactive medications associated with lower urinary tract symptoms?

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Purpose: Lower urinary tract symptoms (LUTS) such as urinary frequency and urgency are bothersome and associated with reduced quality of life. Atypical antipsychotics (AAPs) have been implicated in increasing the risk of urinary incontinence. In a large community-based sample of men and women, we examined the associations of AAP and selective serotonin reuptake inhibitor (SSRIs) use with LUTS.

Methods: Data were collected (2002-2005) from a generalizable sample of Boston, MA, USA, residents aged 30-79 (N=5503). LUTS were assessed using the American Urologic Association Symptom Index (AUA-SI). The prevalence of clinically-significant LUTS was estimated using a cutoff AUA-SI score of 8+ to indicate moderate-to-severe symptoms. Confounder-adjusted odds ratios (ORs) and 95% confidence intervals (CI) were calculated from multivariate logistic regression to estimate the associations for psychoactive drugs used in the previous month (SSRIs, AAPs, both) and LUTS.

Results: Among women, AAP users had a higher prevalence of LUTS (46.2%) compared with SSRI users (23.5%) and those with depressive symptoms not using SSRIs or AAPs (26.3%). Corresponding prevalence estimates among men were 32.7%, 29.8%, and 33.3%. In multivariate models, AAP use was significantly associated with LUTS among women when used either with (OR=2.72, 95% CI:1.45-5.10) or without (OR=3.05, 95% CI:1.30-7.16) SSRIs, but SSRI use without AAP use was not associated with LUTS compared with non-users without depressive symptoms. No associations were observed among men.

Conclusions: In our study, AAPs but not SSRIs were associated with increased prevalence of LUTS among women only. Further prospective research is needed to determine time sequence and cause and effect.

Editorial Comment

The study by Hall and cols. aimed to analyze lower urinary tract symptoms (LUTS) in a restricted cohort establishing a possible influence of depressive symptoms and psychoactive drugs (namely antipsychotics and serotonin reuptake inhibitors- SSRIs). The analysis was controlled for age, gender, race/ethnicity, socioeconomic status, comorbidities and the presence of symptoms of depression. They conclude only atypical antipsychotic (AAP) agents show a correlation with LUTS and exclusively affecting women. It is suggested by authors that women may suffer a different psychological impact from depressive symptoms

and also may present a diverse metabolism than men. But whilst the reason why AAPs correlates with LUTS in women only remain obscure it is interesting to notice that SSRIs do not. As such, women under SSRIs treatment who present LUTS should be further investigated instead of having their therapy discontinued.

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GERIATRIC UROLOGY

Prostate cancer in the elderly: Frequency of advanced disease at presentation and disease-specific mortality

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Background: The objectives of this study were to determine the frequency of metastatic (M1) prostate cancer (PC) at presentation in different age groups, to examine the association of age with PC-specific mortality, and to calculate the relative contribution of different age groups to the pool of M1 cases and PC deaths.

Methods: Records from 464,918 patients who were diagnosed with PC from 1998 to 2007 were obtained from the Surveillance, Epidemiology, and End Results (SEER) database. The patients were categorized according to age into groups ages < 50 years, 50 to 54 years, 55 to 59 years, 60 to 64 years, 65 to 69 years, 70 to 74 years, 75 to 79 years, 80 to 84 years, 85 to 89 years, and ≥ 90 years. The cumulative incidence of death from PC was computed using the Gray method.

Results: The frequency of M1 PC at presentation was 3% for the group aged < 75 years, 5% for the group ages 75 to 79 years, 8% for the group ages 80 to 84 years, 13% for the group ages 85 to 89 years, and 17% for the group aged ≥ 90 years. The 5-year cumulative incidence of death from PC was 3% to 4% for all patients with PC in any category aged < 75 years, 7% for patients ages 75 to 79 years, 13% for patients ages 80 to 84 years, 20% for patients ages 85 to 89 years, and 30% for patients aged ≥ 90 years. Although patients aged ≥ 75 years at PC diagnosis represented just over a quarter (26%) of all PC cases, they contributed almost half (48%) of all M1 cases and more than half (53%) of all PC deaths.

Conclusions: Compared with younger patients (aged < 75 years), older patients were more likely to present with very advanced disease, had a greater risk of death from PC despite higher death rates from competing causes, and contributed more than half of all PC deaths. Awareness of this issue may improve future outcomes for elderly patients with PC.

Editorial Comment

The recognition of the substantial contribution of older age groups to the pool of M1 cases and prostate cancer (PC) deaths is fundamental to advancement of its treatment and handling. In the presented study, although older patients did not lose as many years of life as younger patients because of shorter remaining life expectancy in the elderly, the proportion of remaining life lost in the elderly still was very high. While it is known that the death rates from competing causes are higher in the elderly, the absolute risk of death from PC increased with age.