

## Assessment Quality of Life for Clients Affected with Chronic prostatitis

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**Abstract:** Chronic prostatitis is a common urological diagnosis in men of all ages in Egypt. Chronic prostatitis causes many men significant morbidity and has a detrimental effect on their quality of life. Our study aims to assess quality of life for clients affected with chronic prostatitis. This descriptive research study was conducted at the urology outpatient clinics in El-Fayoum University and general Hospitals in El-Fayoum City from end of December 2017 until March 2018. A total of 91 patients were included in the study. The present study showed that socio-demographic characteristics of studied subjects. It was found that 54.9% of the studied samples were in age group of 40-60 with mean age 56.28±12.29, as well as showed that the highest poor quality of life was for health functioning, followed by Psychological Wellbeing, followed by socioeconomic status, and followed by Spiritual wellbeing.

**Key words:** Quality of life, chronic prostatitis

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### I. Introduction

- 1) The word "quality" is of Latin origin. It comes from the root word quails, meaning of what kind. Dictionaries today give a variety of definitions for the word quality including: (a) fineness, merit excellence or degree of excellence. (b) a characteristic, attribute, a special or distinguishing attribute. (c) High rank, good or high social position, and high social status. 1
- 2) Quality of life is defined as "A pragmatic day-to-day, functional representation of a patient's physical, psychological, and social response of a disease and its treatment". If this was true, as patient-perceived side effects change over time, QOL would be expected to change. The relationship between patient-perceived side effects and QOL has not yet been explained. 2
- 3) The prostate is a gland located at the base of the bladder, surrounding part of the urethra (the tube that carries urine from the bladder) in men. The prostate also functions in reproduction by producing part of the seminal fluid, which helps to transport sperm. Prostatitis is a common problem, affecting up to 25% of all men. 3
- 4) Chronic prostatitis is a common disease in men, and the incidence is gradually increasing. In 1999, the National Institutes of Health (NIH) classified prostatitis into the following four categories: I- acute bacterial prostatitis; II- chronic bacterial prostatitis; III- chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS); and IV- asymptomatic inflammatory prostatitis. 4
- 5) Chronic prostatitis is a common urological diagnosis in men of all ages. Category III CP/ CPPS is the most complex type and accounts for 90-95% of prostatitis diagnoses, which causes many men significant morbidity and has a detrimental effect on their quality of life. The main four symptom domains of CBP and CP/CPPS are urogenital pain, lower urinary tract symptoms (LUTS), psychological issues and sexual dysfunction. 5
- 6) The community health nurse has an important role toward clients who complain from chronic prostatitis through applying three levels of prevention, primary level, secondary and tertiary levels of prevention, and the nurse should provide appropriate physical and psychological health education and emotional support that the clients understand their condition and manage the often disruptive symptoms. Showing empathy, supporting clients with treatment, encouraging them with lifestyle changes and identifying useful complementary therapies will all help to give hope and help clients to gain control of, and better cope with, their condition. 6

## **II. Material and Methods**

This purposive study was conducted at the urology outpatient clinics in El-Fayoum University and general Hospitals in El-Fayoum City from end of December 2017 until March 2018. *A total of 91 patients were included in the study* of age  $\geq 21$  years were for in this study.

**Study design:** A descriptive research design will be used in this study.

**Study location:** The study was conducted at the urology outpatient clinics in El-Fayoum University and general Hospitals in El-Fayoum City. Urology Outpatient clinics of El-Fayoum University Hospital received 40-45 clients and outpatient clinics of El-Fayoum General Hospital received 45-50 clients monthly, this disease consider from the largest disease in Urology outpatient clinics.

**Study duration:** this study was carried out in the period from end of December 2017 until March 2018.

**Sample:** A purposive sample was used for this study through 3 month with the following criteria:

- a) The client aged 25 years & more
- b) Clients diagnosed with chronic prostatitis in urology outpatient clinics.

### **Data collection Tools:**

**The data was collected through using the following tools:**

#### **Tool I: An Interview Questionnaire:**

Data for this study were collected by using a questionnaire sheet which designed by the investigator after reviewing the current related literature, the questionnaire sheet was designed in Arabic form to avoid misunderstanding, it consists of three parts:

**Part I:** Socio-demographic data of the clients such as age, marital status, address, family number, number of Children, level of education, occupation, social class, age at marriage, number of years of marriage, and income. This part composed of 11 items.

**Part II:** Assess the client's present medical history. It deals with information about onset of disease, how he discovers the disease, sign and symptoms and complication..etc. This part composed of 5 items.

#### **Part II: Quality of Life Scale (QOL):**

The QOL scale was used to determine quality of life for patients diagnosed by prostatitis. This scale was established and translated into Arabic by the investigator. The scale constituted of questions and divided into the following (physical/ functioning wellbeing, psychological wellbeing, socioeconomic status and spiritual wellbeing).

- **Health physical/ functioning** (signs and symptoms which affect and represent problem for client): It contains 21 questions, from 1-21; covering the following: pain or discomfort in the perineal area, pain in suprapubic area, pain in testicular, pain in penile, pain in lower back, pain abdominal, inguinal pain, rectal pain, delayed ejaculation, premature ejaculation, urgency incontinence, recurrent UTIs ,dysuria, nocturia, increased urinary frequency, Haemospermia, decrease sexual activity, fertility changes, anxiety , depression ,changes of self-care and activities of daily living, effect of health status on the work.

- **Psychological wellbeing** (to what extent the illness affect psychological status of the patient): It includes 12 items from 1 to 12 which covering the following: Has it been difficult for you to adjust your illness?. How is your ability to concentrate or remember things?. How useful do you feel?. Do you feel like you are in control of things in your life?. Do you enjoy the things in life now that you used to take for granted?. How satisfying is your life?. How much have you been able to focus on being well again?. Has your illness or treatment caused unwanted changes in your appearance?. How distressing was the initial diagnosis of chronic prostatitis?. How much anxiety do you have?. How much depression do you have?. To what extent are you satisfied with your family relationship?.

- **Socioeconomic factors** (to what extent the illness interfered with patient relationship with other): It consists of 12 items from 1 to 12 covering the following: how distressing has your illness been for your family?. Is the amount of affection you give sufficient to your family needs?. Has your illness or treatment interfered with your sexuality?. Has your illness or treatment interfered with your plans to have children?. Has your illness or treatment interfered with your family goals?. How much isolation is caused by your illness or treatment?. Is the

amount of support you receive from other sufficient to meet your needs?. To what extent you depend on others to meet your daily activities needs?. Do you find any difficulties to reach treatment place? How much financial burden resulted from your illness or treatment? To what extent the monthly income meet treatment needs?.

- **Spiritual wellbeing** (to what extent the illness affectsspiritual wellbeing and made positive changes on patient's life): It consists of 8 items from 1 to 8 covering the following: How much uncertainty do you feel about your future?. Do you sense a purpose for your life?. Do you have a sense of inner peace?. How hopeful do you feel?. Is your health status interfere with your religious activities?. Has your illness made positive changes in your life?. To what extent your illness affects your recreational activities and favorite hobbies?. How much happiness do you feel in your life?.

**Quality of life (QOL) scoring:**

Response of patients about domains' items was scored by (0) for never answer, (1) for answer by low grade, (2) for answer by moderate grade, (3) for answer by high grade, and (4) for answer by not applicable to me for positive items and the scores were reversed for negative items. The quality of life was considered good if the percent score was 60% or more and poor if less than 60%.

**Statistical analysis:**

The collected data were organized, tabulated and statistically analyzed using SPSS software (Statistical Package for the Social Sciences, version 19, SPSS Inc. Chicago, IL, USA). For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, which describe a categorical set of data by frequency, percentage or proportion of each category, comparison between two groups and more was done using Chi-square test ( $\chi^2$ ). For comparison between means of two groups of non-parametric data of independent samples, Z value of Mann-whitney test was used. Correlation between variables was evaluated using Pearson's correlation coefficient (r) for quantitative data and Spearman Rank correlation for qualitative or ranked data. Significance was adopted at  $p < 0.05$  for interpretation of results of tests of significance .7

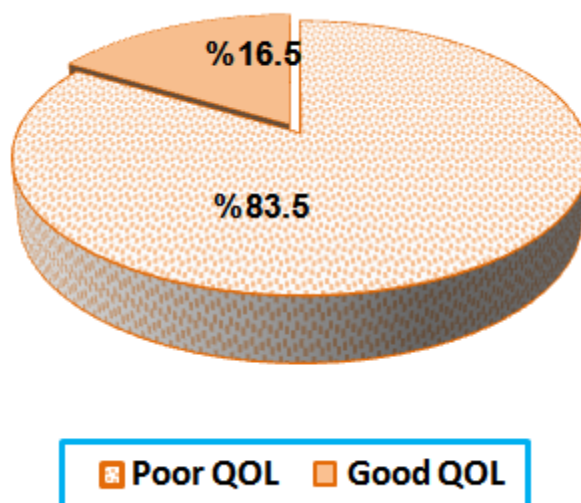
**III. Result**

**Table (1): Frequency distribution of the studied clients with chronic prostatitis regarding Socio-demographic Characteristics (n=91).**

Variables	The studied clients with chronic prostatitis (n=91)	
	N	%
<b>Age years:</b>		
21-40	16	17.6
>40-60	50	54.9
>60	25	27.5
Mean±SD	56.28±12.29	
<b>Marital status:</b>		
Single	3	3.3
Married	76	83.5
Divorced	5	5.5
Widow	7	7.7
<b>Residence:</b>		
Rural	50	54.9
Urban	41	45.1
<b>Family number:</b>		
3-5	27	29.7
6-8	39	42.9
9-13	25	27.5
<b>Number of Children:</b>		
1-3	29	31.9
4-6	36	39.6
7-11	26	28.6
<b>Level of education:</b>		
High education	27	29.7
Moderate education	16	17.6
Read and write	24	26.4
Illiterate	24	26.4
<b>Occupation:</b>		
Employee	46	50.5
Worker	20	22.0
Other	25	27.5
<b>Income/month (Pounds):</b>		
<300	12	13.2

300-400	17	18.7
>400	62	68.1
<b>Social class:</b>		
High class	19	20.9
Moderate class	44	48.4
Low class	28	30.8
<b>Age at marriage (years):</b>		
17-<23	29	31.9
23-<29	43	47.3
29-35	19	20.9
Range	17-35	
Mean±SD	24.92±4.27	
<b>Duration of marriage (years):</b>		
4-20	33	36.3
21-30	30	33.0
31-40	16	17.6
41-47	12	13.2
Range	4-47	
Mean±SD	26.14±11.05	

**Table (1)** illustrated that socio-demographic characteristic of studied subjects. It was found that 54.9% of the studied samples were in age group of 40-60 with mean age 56.28±12.29. Regarding level of education, it was found that 29.7.0% of them was high education and 50.5% of the studied sample was employee. This table also showed 33% of them were married from 21-30 years



**Figure (1):** Frequency distribution of Level of total Quality of life (QOL) among the studied clients with chronic prostatitis (n=91).

This figure shows that, 83.5% of them had poorQOL and 16.5% of them had high QOL.

**Table (2):** Frequency distribution of the studied clients with chronic prostatitis regarding Current medical data (n=91).

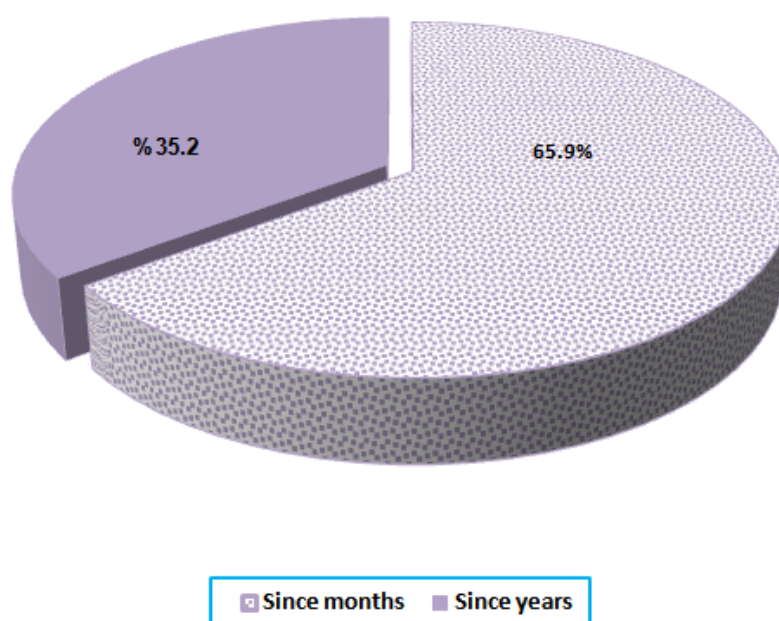
Variables	The studied clients with chronic prostatitis (n=91)	
	n	%
<b>Duration of the disease diagnosis:</b>		
Since months	59	64.8
Since years	32	35.2
<b>Diagnostic symptoms of the disease:</b>		
Dysuria	71	78.0
Pain in perineum	60	65.9
Increased urination frequency	48	52.7
Premature ejaculation	48	52.7
Pain in groin	47	51.6

Pain in anus	46	50.5
Pain in penis	46	50.5
Pain in testis	43	47.3
Pain in pubis	41	45.1
Inability to urinate	29	31.9
Hemospermia	29	31.9
Decrease sexual activity	20	22.0
Pain in lower back	18	19.8
Pain in abdomen	18	19.8
Fertility changes	10	11.0
Delay in ejaculation	2	2.2
<b>Diagnostic complications of the disease:</b>		
Pain in more than one place	41	45.1
Urine retention	15	16.5
<b>*Others:</b>	<b>17</b>	<b>18.7</b>

\*Pain during ejaculation n=16 \* Intermittent urination n=1

**Table (2) showed present medical history of studied patients:** As regarded to symptoms of discovering disease, it was found that 78.0% of them were discovered by Dysuria, while 65.9% of the patient by Pain in perineum, 52.7% by premature ejaculation and increased urination frequency, and 2.2% by delay in ejaculation.

As regarded to complication, it was found that 45.1% of the sample was discovered by Pain in more than one place and 16.5% of them were discovered by urine pretension , while 17.6% of them by Pain during ejaculation.



**Figure (2): Frequency distribution of the studied clients with chronic prostatitis regarding Duration of the disease diagnosis (n=91).**

This figure shows that , 64.8% of them were suffering from disease since months and 35.2% of them were suffering from disease since years.

**Table (3): Frequency distribution of Level of Health / physical functioning domain of quality of life (QOL) among the studied clients with chronic prostatitis in relation to their Socio-demographic data (n=91).**

Variables	Level of Health / physical functioning domain of QOL(n=91)				$\chi^2$	P
	Poor QOL (n=88)		Good QOL (n=3)			
	n	%	n	%		
<b>Age years:</b>						
21-40	16	100	0	0	2.544	0.280
>40-60	47	94.0	3	6.0		

>60	25	100	0	0		
<b>Marital status:</b>						
Single	3	100	0	0	0.612	0.894
Married	73	96.1	3	3.9		
Divorced	5	100	0	0		
Widow	7	100	0	0		
<b>Residence:</b>						
Rural	47	94.0	3	6.0	2.544	0.111
Urban	41	100	0	0		
<b>Family number:</b>						
3-5	27	30.7	0	0	8.190	0.017*
6-8	39	100	0	0		
9-13	22	88.0	3	12.0		
<b>Number of Children:</b>						
1-3	29	100	0	0	7.756	0.021*
4-6	36	100	0	0		
7-11	23	88.5	3	11.5		
<b>Education level:</b>						
High education	24	88.9	3	11.1	7.354	0.061
Moderate education	16	100	0	0		
Read and write	24	100	0	0		
Illiterate	24	100	0	0		
<b>Occupation:</b>						
Employee	43	93.5	3	6.5	3.035	0.219
Worker	20	100	0	0		
Other	25	100	0	0		
<b>Income/month (Pounds):</b>						
<300	12	100	0	0	4.784	0.091
300-400	15	88.2	2	11.8		
>400	61	98.3	1	1.6		
<b>Social class:</b>						
High class	16	84.2	3	15.8	11.756	0.003*
Moderate class	44	100	0	0		
Low class	28	100	0	0		
<b>Age at marriage (years):</b>						
17-<23	29	100	0	0	4.231	0.121
23-<29	42	97.7	1	2.3		
29-35	17	98.5	2	10.5		
<b>Duration of marriage (years):</b>						
4-20	31	93.9	2	6.1	1.745	0.627
21-30	29	96.7	1	3.3		
31-40	16	100	0	0		
41-47	12	100	0	0		

\*Significant (P<0.05)

**Table (3):** Demonstrates that there is no statistical significant relation between patient's socio-demographic characteristics and physical wellbeing except for number of family members with p value 0.017, number of children with p value 0.021 and Social class with p value 0.003.

**Table (4):** Frequency distribution of Level of Psychological domain of quality of life (QOL) among the studied clients with chronic prostatitis in relation to their Socio-demographic data (n=91).

Variables	Level of Psychological domain of QOL (n=91)				$\chi^2$	P
	Poor QOL (n=85)		Good QOL (n=6)			
	n	%	n	%		
<b>Age years:</b>						
21-40	14	87.5	2	12.5	1.533	0.465
>40-60	48	96.0	2	4.0		
>60	23	92.0	2	8.0		
<b>Marital status:</b>						
Single	3	100	0	0	6.273	0.099
Married	72	94.7	4	5.3		
Divorced	5	100	0	0		

Widow	5	71.4	2	28.6		
<b>Residence:</b>						
Rural	47	94.0	3	6.0	0.063	0.801
Urban	38	92.7	3	7.3		
<b>Family number:</b>						
3-5	24	88.9	3	11.1	2.736	0.255
6-8	36	92.3	3	7.7		
9-13	25	100	0	0		
<b>Number of Children:</b>						
1-3	26	89.7	3	10.3	2.675	0.263
4-6	33	91.7	3	8.3		
7-11	26	100	0	0		
<b>Education level:</b>						
High education	24	88.9	3	11.1	1.357	0.716
Moderate education	15	93.8	1	6.3		
Read and write	23	95.8	1	4.2		
Illiterate	23	95.8	1	4.2		
<b>Occupation:</b>						
Employee	44	95.7	2	4.3	0.834	0.659
Worker	18	90.0	2	10.0		
Other	23	92.0	2	8.0		
<b>Income/month (Pounds):</b>						
<300	10	83.3	2	16.7	2.301	0.316
300-400	16	94.1	1	5.9		
>400	59	95.2	3	4.8		
<b>Social class:</b>						
High class	18	94.7	1	5.3	0.915	0.633
Moderate class	40	90.9	4	9.1		
Low class	27	96.4	1	3.6		
<b>Age at marriage (years):</b>						
17-<23	26	89.7	3	10.3	0.981	0.612
23-<29	41	95.3	2	4.7		
29-35	18	94.7	1	5.3		
<b>Duration of marriage (years):</b>						
4-20	31	93.9	2	6.1	2.513	0.473
21-30	29	96.7	1	3.3		
31-40	15	93.8	1	6.3		
41-47	10	83.3	2	16.7		

Demonstrates that there is no statistical significant relation between patient's socio-demographic characteristics and Psychological wellbeing.

**Table (5): Frequency distribution of Level of Socio-economic domain of quality of life (QOL) among the studied clients with chronic prostatitis in relation to their Socio-demographic data (n=91).**

Variables	Level of Socio-economic domain of QOL (n=91)				$\chi^2$	P
	Poor QOL (n=65)		Good QOL (n=26)			
	n	%	n	%		
<b>Age years:</b>						
21-40	12	75.0	4	25.0	13.188	0.001*
>40-60	42	84.0	8	16.0		
>60	11	44.0	14	56.0		
<b>Marital status:</b>						
Single	3	100	0	0	13.609	0.003*
Married	58	76.3	18	23.7		
Divorced	3	60.0	2	40.0		
Widow	1	14.3	6	85.7		
<b>Residence:</b>						
Rural	32	64.0	18	36.0	3.001	0.083
Urban	33	80.5	8	19.5		
<b>Family number:</b>						
3-5	22	33.8	5	18.5	2.367	0.306
6-8	25	64.1	14	35.9		
9-13	18	72.0	7	28.0		
<b>Number of Children:</b>						
1-3	24	82.8	5	17.2	3.737	0.154
4-6	22	61.1	14	38.9		

7-11	19	73.1	7	26.9		
<b>Education level:</b>						
High education	15	55.6	12	44.4	6.067	0.108
Moderate education	14	87.5	2	12.5		
Read and write	17	70.8	7	29.2		
Illiterate	19	79.2	5	20.8		
<b>Occupation:</b>						
Employee	38	82.6	8	17.4	12.753	0.002*
Worker	16	80.0	4	20.0		
Other	11	44.0	14	56.0		
<b>Income/month (Pounds):</b>						
<300	7	58.3	5	41.7	1.967	0.374
300-400	11	64.7	6	35.3		
>400	47	75.8	15	24.2		
<b>Social class:</b>						
High class	14	73.7	5	26.3	1.404	0.496
Moderate class	29	65.9	15	34.1		
Low class	22	78.6	6	21.4		
<b>Age at marriage (years):</b>						
17-<23	19	65.5	10	34.5	3.862	0.145
23-<29	29	67.4	14	32.6		
29-35	17	89.5	2	10.5		
<b>Duration of marriage (years):</b>						
4-20	26	78.8	7	21.2	12.117	0.007*
21-30	25	83.3	5	16.7		
31-40	10	62.5	6	37.5		
41-47	4	33.3	8	66.7		

\*Significant (P<0.05)

**Table (5):** Demonstrates that there is no statistical significant relation between patient's socio-demographic characteristics and socioeconomic status except for age years with p value 0.001, marital status with p value 0.003, Occupation with p value 0.002.and duration of marriage with p value 0.007.

**Table (6): Frequency distribution of Level of Spiritual wellbeing domain of quality of life (QOL) among the studied clients with chronic prostatitis in relation to their Socio-demographic data (n=91).**

Variables	Level of Spiritual wellbeing domain of QOL (n=91)				$\chi^2$	P
	Poor QOL (n=65)		Good QOL (n=26)			
	n	%	n	%		
<b>Age years:</b>						
21-40	10	62.5	6	37.5	6.547	0.038*
>40-60	40	80.0	10	20.0		
>60	13	52.0	12	48.0		
<b>Marital status:</b>					8.635	0.035*
Single	1	33.3	2	66.7		
Married	57	75.0	19	25.0		
Divorced	3	60.0	2	40.0		
Widow	2	28.6	5	71.4		
<b>Residence:</b>					0.544	0.461
Rural	33	66.0	17	34.0		
Urban	30	73.2	11	26.8		
<b>Family number:</b>					4.064	0.131
3-5	18	66.7	9	33.3		
6-8	31	79.5	8	20.5		
9-13	14	56.0	11	44.0		
<b>Number of Children:</b>					3.980	0.137
1-3	19	65.5	10	34.5		
4-6	29	80.6	7	19.4		
7-11	15	57.7	11	42.3		
<b>Education level:</b>					2.012	0.570
High education	16	59.3	11	40.7		
Moderate education	11	68.8	5	31.3		
Read and write	18	75.0	6	25.0		
Illiterate	18	75.0	6	25.0		
<b>Occupation:</b>					9.323	0.009*
Employee	38	82.6	8	17.4		
Worker	13	65.0	7	35.0		



Other	12	48.0	13	52.0		
<b>Income/month (Pounds):</b>						
<300	7	58.3	5	41.7	2.250	0.325
300-400	10	58.8	7	41.2		
>400	46	74.2	16	25.8		
<b>Social class:</b>						
High class	10	52.6	9	47.4	3.209	0.201
Moderate class	33	75.0	11	25.0		
Low class	20	71.4	8	28.6		
<b>Age at marriage (years):</b>						
17-<23	18	62.1	11	37.9	1.546	0.462
23-<29	30	69.8	13	30.2		
29-35	15	78.9	4	21.1		
<b>Duration of marriage (years):</b>						
4-20	24	72.7	9	27.3	8.477	0.037*
21-30	23	76.7	7	23.3		
31-40	12	75.0	4	25.0		
41-47	4	33.3	8	66.7		

\*Significant (P<0.05)

**Table (6)** :Demonstrates that there is no statistical significant relation between patient's socio-demographic characteristics and spiritual wellbeing except for age years with p value 0.038, marital status with p value 0.035, Occupation with p value 0.009.and duration of marriage with p value 0.037.

**Table (7): Level of total quality of life (QOL) among the studied clients with chronic prostatitis in relation to their Socio-demographic data (n=91).**

Variables	Level of total QOL (n=91)				$\chi^2$	P
	Poor QOL (n=76)		Good QOL (n=15)			
	n	%	n	%		
<b>Age years:</b>						
21-40	14	87.5	2	12.5	25.842	0.0001*
>40-60	49	98.0	1	2.0		
>60	13	52.0	12	48.0		
<b>Marital status:</b>					23.785	0.0001*
Single	1	33.3	2	66.7		
Married	68	89.5	8	10.5		
Divorced	5	100	0	0		
Widow	2	28.6	5	71.4		
<b>Residence:</b>					4.554	0.033*
Rural	38	76.0	12	24.0		
Urban	38	92.7	3	7.3		
<b>Family number:</b>					0.851	0.653
3-5	24	88.9	3	11.1		
6-8	32	82.1	7	17.9		
9-13	20	80.0	5	20.0		
<b>Number of Children:</b>					1.166	0.558
1-3	26	89.7	3	10.3		
4-6	29	80.6	7	19.4		
7-11	21	80.8	5	19.2		
<b>Education level:</b>					7.581	0.056
High education	19	70.4	8	29.6		
Moderate education	15	93.8	1	6.3		
Read and write	19	79.2	5	20.8		
Illiterate	23	95.8	1	4.2		
<b>Occupation:</b>					32.597	0.0001*
Employee	46	100	0	0		
Worker	18	90.0	2	10.0		
Other	12	48.0	13	52.0		
<b>Income/month (Pounds):</b>					0.788	0.674
<300	10	83.3	2	16.7		
300-400	13	76.5	4	23.5		
>400	53	85.5	9	14.5		
<b>Social class:</b>						

High class	17	89.5	2	10.5	4.583	0.101
Moderate class	33	75.0	11	25.0		
Low class	26	92.9	2	7.1		
<b>Age at marriage (years):</b>					5.125	0.077
17-<23	22	75.9	7	24.1		
23-<29	35	81.4	8	18.6		
29-35	19	100	0	0		
<b>Duration of marriage (years):</b>					22.839	0.0001*
4-20	33	100	0	0		
21-30	26	86.7	4	13.3		
31-40	12	75.0	4	25.0		
41-47	5	41.7	7	58.3		

\*Significant (P<0.05)

**Table (7)** Demonstrates that there is no statistical significant relation between patient's socio-demographic characteristics and level of total QOL except for age years with p value 0.0001, marital status with p value 0.0001, Residence with p value 0.033 Occupation with p value 0.0001 and duration of marriage with p value 0.0001.

#### IV. Discussion

##### **Part I: Socio-demographic characteristics:**

**Regarding age of studied subjects.** It was found that 54.9% of the studied samples were in age group of less than 40-60 years while 17.6% of them were in age group of 21-40 years. This is in the same line with **Sadek & Adly (2017)** who reported in a published study entitled as "Design of Kegel Exercises Booklet (Arabic Language) As Health Awareness from Prostatitis" conducted in Egypt, that all of their subjects were in age group of 20-50 years.

Regarding level of education, it was found that 29.7.0% of them was high education and 50.5% of the studied sample was employee This was because most of the sample was from rural. This finding is in agreement with **Hao et al., (2016)** who reported in a published study entitled as "Symptoms, sexual dysfunction and psychological burden in Chinese men with chronic prostatitis/chronic pelvic pain syndrome" conducted in China who found that most of clients were high education 25.7% , Primary school 41.88% and 81.25% of the studied sample was employee

Also this finding is in disagreement with **McNaughton et al., (2001)** who reported in a published study entitled as "quality of life is impaired in men with chronic prostatitis" conducted in USA , who found that most of clients were high education 88.4% and 83.1% of the studied sample was employee

**In relation to marital status,** the study result showed that, most of the subjects were married 83.5%. This is in inconsistent with **Hao et al., (2016)** who reported in a published study entitled as "Symptoms, sexual dysfunction and psychological burden in Chinese men with chronic prostatitis/chronic pelvic pain syndrome" conducted in China reported that most of their studied subjects were married 65.16 % . sample number is 1280 subject. This finding might be due the

Also supported with **smith, et al., (2007)** who reported in a published study entitled as "Sexual and Relationship Functioning in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome and Their Partners" reported that most of their studied subjects were married 87%.

**Regarding the occupation,** this study showed that 72.5% of the studied subjects working. This finding may be due to most of the studied samples were in age group of 40-60 years and they need to maintain their financial income and their families. this finding in the same line with **Hao et al., (2016)** who reported in a published study entitled as "Symptoms, sexual dysfunction and psychological burden in Chinese men with chronic prostatitis/chronic pelvic pain syndrome" conducted in China reported that reported that 81.25% of the subjects were working.

##### **Part II: Medical history:**

**Regarding to past health history of the patients,** the study result revealed that 76.9% of the study sample had not a history of previous surgery and 34.1% of the sample had chronic disease. 12.1 % of them had diabetes, while 9.9 % had hypertension. This is in the same line with **El Meliegy & Torky, (2015)** who reported in a published study entitled as "An observational study to monitor the efficacy and tolerability of levofloxacin 500 mg once daily for treatment of chronic bacterial prostatitis" conducted in Saudi Arabia, that the most common condition was diabetes mellitus (7%) followed by hypertension (5%).

**Regarding present medical history of studied patients :** it was found that 64.8% of them were suffering from disease since months and 35.2% of them were suffering from disease since years. As regarded to symptoms of discovering disease, it was found that 78.0% of them were discovered by Dysuria, while 65.9% of the patient by Pain in perineum, 52.7% by premature ejaculation and increased urination frequency, and 2.2% by delay in ejaculation. This is in the same line with **El Meliegy & Torky, (2015)** who reported in a published study entitled as "An observational study to monitor the efficacy and tolerability of levofloxacin 500 mg once daily for treatment of chronic prostatitis" conducted in Saudi Arabia indicated that The most common symptoms of chronic prostatitis were: Dysuria, 87% , pain on digital examination, 77% and urinary frequency, 74% . perineal discomfort 60.3%.

**As regarded to complication,** it was found that 45.1% of the sample was discovered by Pain in more than one place and 16.5% of them were discovered by urine retention, while 17.6% of them by Pain during ejaculation. This result was supported by **Vasan, (2012)** who reported in a published study entitled as "Complications of chronic prostatitis. *Current Bladder Dysfunction Reports*" indicated that the most clients had Pain in more than one place and painful ejaculation. Also this result was supported by **Gandaglia et al., (2013)** who reported in a published study entitled as "The role of chronic prostatic inflammation in the pathogenesis and progression of benign prostatic hyperplasia (BPH)"

#### **Part IV: Quality of life of clients with chronic prostatitis:**

**Concerning physical well-being :** this study result revealed that, 96.7% of the studied sample had poor quality of life regarding physical well-being. Several explanations may account for our finding. First, impact of chronic prostatitis on the physical well-being. Second, effect of signs and symptoms such as dysuria 78.0%, Pain in more than one place such as Pain in perineum 65.9% , urination frequency 52.7% and Pain in groin 51.6% which lead to unable to carry out activities of daily living. This result was on the same line with **El**

**Meliegy & Torky, (2015)** who reported in a published study entitled as "An observational study to monitor the efficacy and tolerability of levofloxacin 500 mg once daily for treatment of chronic bacterial prostatitis" conducted in Saudi Arabia, that who report that chronic prostatitis reduce and predicts a lower quality of life and The most common symptoms were dysuria 87%, pain on digital examination 77% and urinary frequency 74%.

As well as, this finding was supported by **Rees et al., (2015)** who reported in a published study entitled as "Diagnosis and treatment of chronic bacterial prostatitis and chronic prostatitis/chronic pelvic pain syndrome: a consensus guideline" conducted in United Kingdom that CP can have a significant negative impact on QoL, potentially causing limitations to activity and the QoL of patients with CP has been shown to be as poor as that of patients with congestive heart failure or Crohn's disease and urogenital pain has a greater impact on QoL.

**Regarding psychological well-being,** this study illustrated that, 93.4% of the studied sample had poor quality of life regarding psychological well-being. This is may be due to anxiety, depression and difficult to coping with disease. This finding was in agreement with **Rees et al., (2015)** who reported in a published study entitled as "Diagnosis and treatment of chronic bacterial prostatitis and chronic prostatitis/chronic pelvic pain syndrome: a consensus guideline" conducted in United Kingdom indicate that depression, anxiety and panic disorder are significantly more common in men with chronic prostatitis.

Also, this finding was supported with, **Matthew & Elterman, (2014)** who reported in a published study entitled as "Men's mental health: connection to urologic health" who indicated that chronic prostatitis in men viewed symptoms of depression; depression symptoms among men may be expressed through fatigue, irritability, loss of interest in work or hobbies, and/or sleep disturbances lead to impaired quality of life.

Also This finding is in agreement with **Wang et al., (2016)** who reported in a published study entitled as "Social Determinants of Chronic Prostatitis/Chronic Pelvic Pain Syndrome Related Lifestyle and Behaviors among Urban Men in China: A Case-Control Study "conducted in China who indicated that chronic prostatitis in men viewed psychological problems as sadness, anxiety, sleepiness, loneliness, and inattention.

**Concerning socioeconomic condition,** the finding of this study illustrated that most of the studied subjects had poor socioeconomic status (71.4%). This finding may be due to effect of the disease on the family, relation with others, and financial burden from illness which lead to low monthly income. This finding was in accordance with **Shoskes, (2008)** who reported in a published study entitled as "Chronic Prostatitis/Chronic Pelvic Pain Syndrome" indicated that chronic prostatitis impact on patients' quality of life such as substantial resource consumption. Health care expenditures both directly and indirectly. The cost of healthcare and consequently.

Also, this finding is supported by **Moldwin., (2017)** who reported in a published study entitled as "Urological and Gynaecological Chronic Pelvic Pain ", who showed that chronic prostatitis life had a substantial economic impact and impaired health-related quality of such as pain in more than one place, various

limitation in activities, and social life, ultimately impacting quality of life and there is limitation in work activities and greater like hood of job change secondary to having the disease.

**Regarding spiritual well-being condition**, the finding of this study illustrated that the studied subjects had poor socioeconomic status (69.42%). This finding may be due to decrease recreational activities, effect of illness on religious activities as prying. This finding was in accordance with **Shoskes, (2008)** who reported in a published study entitled as "Chronic Prostatitis/Chronic Pelvic Pain Syndrome" indicated that the men with chronic prostatitis disrupted their leisure time, with a 20% average reduction in the amount of time spent on leisure activities.

**Concerning to total quality of life for patients with chronic prostatitis**, the result of this study revealed that most of the studied subjects had totally poor quality of life. This may be due to that there was impairment in physical, psychological, social, and spiritual well-being of the patients. This finding was in congruence with **Davis et al., (2013)** who reported in a published study entitled as "Is a sexual dysfunction domain important for quality of life in men with urological chronic pelvic pain syndrome? Signs "UPOINT" to yes "conducted in indicated that consequences of chronic disease and chronic prostatitis negatively affected all aspects of patients' well-being and health related quality of life.

Also supported with **Hao et al., (2016)** Who reported in a published study entitled as "Symptoms, sexual dysfunction and psychological burden in Chinese men with chronic prostatitis/chronic pelvic pain syndrome" conducted in China reported that chronic prostatitis negatively affected all aspects of health related quality of life.

Regarding to relation between patient's socio-demographic characteristics and physical wellbeing this study revealed that there was no statistical significant relation between patient's socio-demographic characteristics and physical wellbeing except for number of family members, number of children and Social class. This finding due to family members and children give large support for clients and clients who had high social class are able to bush treatment burden and outpatient urology visit. this finding is supported by **Moldwin., (2017)** who reported in a published study entitled as "Urological and Gynecological Chronic Pelvic Pain ", who showed that social support and satisfied income associated with reductions in chronic prostatitis symptoms.

Regarding to relation between patient's socio-demographic characteristics and psychological wellbeing .this study revealed that there was no statistical significant relation between patient's socio-demographic characteristics and psychological wellbeing. This finding is in disagreement with **Tripp & Nickel, (2010)** who reported in a published study entitled as "Quality of Life in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome" conducted in USA indicated that there was statistical significant difference between patient's psychological well-being and age.

Regarding relation between client's socio-demographic characteristics and socioeconomic status this result demonstrated that there was no statistical significant relation between patient's socio-demographic characteristics and socioeconomic status except for age years, marital status, occupation and duration of marriage. This finding is in agreement with **Wang et al., (2016)** who reported in a published study entitled as "Social Determinants of Chronic Prostatitis/Chronic Pelvic Pain Syndrome Related Lifestyle and Behaviors among Urban Men in China: A Case-Control Study " conducted in China indicated that there was significant relation between patient's socio-demographic characteristics and socioeconomic status.

Regarding to relation between patient's socio-demographic characteristics and spiritual well being, this result revealed that there was no statistical significant relation between patient's socio-demographic characteristics and spiritual wellbeing except for age, marital status, job and duration of marriage. This finding is in agreement with **Hao et al., (2016)**, who reported in a published study entitled as "Symptoms, sexual dysfunction and psychological burden in Chinese men with chronic prostatitis/chronic pelvic pain syndrome " conducted in China who found that there is no statistical significant relation between patient's socio-demographic characteristics and physical wellbeing except for age, marital status, educational status and occupational status

Concerning to relation between patient's socio-demographic characteristics and level of total QOL this result revealed that there was no statistical significant relation between patient's socio-demographic characteristics and level of total QOL except for age years, marital status, Residence, job and duration of marriage. This finding is in agreement with **Pierzynski, (2017)** who reported in a published study entitled as "Quality of Life: Socio-Demographic and Genetic Determinants as well as Links with Cancer Outcomes" conducted in USA found that there was statistical significant relation between patient's socio-demographic characteristics and level of total QOL.

## V. Conclusion

The current study answered the research questions the majority of the studied subjects had more than three quarters of studied subjects had low physical status, psychological status and spiritual status, more than half the studied subjects had low economic status and more than half of them had poor total quality of life.

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