Perceptions of urinary symptoms and health-care-seeking behaviour amongst men aged 40–79 years

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SUMMARY

Background. *Little is known about why men fail to seek medical help for urolological symptoms.*

Aim. *This study was designed to document men's perceptions of urinary symptoms and to increase understanding of health-care-seeking behaviour.*

Method. *A stratified random sample of men aged 40–79 years was drawn from the age–sex register of a health centre in Central Scotland. Two hundred men were interviewed using semi-structured qualitative techniques and asked to complete a symptom questionnaire. The response rate was 65%.*

Results. *Urinary symptoms reported to be most bothersome were dribbling, hesitancy and straining. All but the youngest age group (40–49 years) associated developing urinary symptoms with ageing. This was considered to be a reason not to consult a doctor. Most symptoms were not thought to be serious. Pain, haematuria and acute retention gave cause for concern, and were perceived as reasons for seeking medical help. Although urinary symptoms interfered with selected activities in daily life, this was not a worry to the men and was not seen to be a sufficient reason alone to consult their general practitioner.*

Conclusion. *The insidious development of urinary problems over time reinforces the belief that it is part of getting older and accounts for the accommodation of symptoms within men's everyday living experiences. Bothersomeness associated with urinary symptoms was not synonymous with worry or problems. Doctors must be prepared to initiate discussion about urinary function in order to assess the impact of symptoms on an individual's daily life.*

Keywords: lay health beliefs; health-care-seeking behaviour; urinary symptoms.

Introduction

DESPITE renewed interest in the treatment of benign prostatic enlargement,[1] little is known about why men fail to seek medical help for urological symptoms. Work has tended to focus on the severity of urinary symptoms and on consultation behaviour.[2-5]

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A recent community study[6] reported that the prevalence of benign prostatic hyperplasia (BPH) was far greater than previously supposed, with one in four apparently well men aged 40–79 years being affected. The same study found that symptoms adversely affect general well-being amongst men,[7] and that urinary dysfunction causes bothersomeness and substantial interference in selected activities of living.[8] It also revealed a low rate of doctor consultation by men with urinary problems, even when these were reported to be bothersome.[9]

It is well known that the prevalence of illness in the community exceeds that which comes to the attention of health care professionals.[10,11] The processes involved in seeking health care are complex and affected by factors such as the salience of signs and symptoms, competing needs and lay referral networks.[12-15] However, with some exceptions,[16] little is known about how these and other factors interact for specific symptoms or conditions. This study focuses on men's experience and perceptions of urinary symptoms and corresponding health-care-seeking behaviours in order to develop an understanding of the importance, or otherwise, of urinary problems in men's everyday lives.

Method

A stratified random sample of 475 men aged between 40 and 79 years on 1 April 1993 was drawn from the age–sex register of Alloa health centre, located in Central Scotland. One hundred and sixty-seven men were excluded from the study. Eighty-one were excluded because either a concomitant medical condition interfered with normal voiding (44 men including eight with a history of prostate cancer), or because the severity of a medical condition made interview inappropriate and unethical (37 men). Sixteen men with a previous prostatectomy were not excluded, because they would have experienced urinary dysfunction and consulted their medical practitioner. Out of the remaining 86 men, six were excluded on social grounds (e.g. through serious illness in their spouse), while the remainder had moved away (65, including nine men who were abroad), were deceased (two) or had missing records (13). Therefore, 308 men were eligible to participate. These subjects were approached by letter and 200 (65%) accepted the invitation to participate (50 men in each 10-year age band). The mean age for both responders and non-responders was 60 years. The individual response rates by age differed slightly, with the youngest age-group having the highest rate. Thirty-two per cent of the sample were from the Registrar General's Social Classes I and II, 46% from Social Class III, and 22% from Social Classes IV and V. Respondents were classified on the basis of current employment, or if not working, on their previous employment. Overall, 47% of the sample were retired, 42% were working, 5% were in receipt of invalidity benefit and 6% were unemployed. This area of Scotland is 99% white, and the overall social class distribution of households is broadly similar to our sample according to the recent Census returns.

Face-to-face interviews were carried out by HA using a semi-structured format.[17] These took place in the participant's own home or at another convenient location. The same topics were covered in each interview, but the open-ended nature of the ques-

tions allowed for exploration of the patients' perspectives, with probing and further questioning as appropriate. In this way, men's beliefs, essential to understanding their health and health-related behaviours, were elicited. The topics covered in the interviews were: socio-demographic details; beliefs about health and illness; perceptions and experience of urinary symptoms; consultation behaviour; lay networks; knowledge of prostate problems; and attitudes towards health education.

The interviews were tape recorded and transcribed. Verbatim transcripts were then indexed by topics and themes.[18] The themes developed were then examined for similarities and differences both within and between age groups, and between men experiencing different severity of symptoms. At the end of the interview, all respondents completed a previously validated symptom questionnaire.[19] The questionnaire comprised a scoring system which graded urinary symptoms reported by men to be present during the past month — nocturia (twice or more), hesitancy, straining, urgency, dribbling, intermittency, incomplete emptying and weak stream — on a discrete scale of 0 (no symptom present) to 6 (always present). The sum of the score provided a subjective measure of urinary function. The questionnaire also included a 'bothersomeness' scale which was classified on a scale of 0 (not bothersome at all) to 6 (extremely bothersome).

Results

Symptoms and bothersomeness

From the questionnaire data, out of the 198 men completing all the urinary symptom questions, 18% scored ≥ 11 points, 10% scored 8–10 points, 55% scored 1–7 points, and 17% had experienced no symptoms at all during the past month. The proportion scoring ≥ 11 increased with age. Urgency, nocturia, dribbling and weak stream were the most prevalent symptoms with at least one-quarter of men (range 27–51%) finding these symptoms bothersome (Table 1). Over one-third of men experiencing hesitancy found this symptom bothersome, but it was a symptom with low prevalence.

Perceptions of urinary symptoms

During the interviews, respondents were encouraged to talk about their experience of urinary symptoms and their beliefs about their cause, even if they were asymptomatic. Analysis of the data identified two key issues underlying these men's perceptions of urinary symptoms. Firstly, the ageing process was the most common reason offered for possible deterioration in urinary health. Amongst the two older age groups (60–69 and 70–79 years), ageing was mentioned by 35 (70%) and 34 (68%) men, respectively. This figure declined to 22 (44%) mentions in men in the 50–59 age group, and to 12 (24%) in the youngest age group of 40–49 years. However, a further six men in each of these younger age groups mentioned ageing as a cause of symptoms in men older than themselves. The responses in the interviews indicate an understanding that urinary symptoms will increase with age, as the first two quotes in Figure 1 clearly illustrate.

Secondly, from the way in which the respondents talked about symptoms, it was clear that they were often not perceived as serious, and therefore, were not worrying, even if they might be bothersome. Urinary symptoms did not necessarily threaten overall health, and consequently, were not always defined as an illness or a medical problem. The onset of symptoms was often gradual and the respondents perceived them as unimportant. Personal behaviour or external factors such as drinking too much tea or coffee (illustrated by the third example in Figure 1), cold weather or taking diuretics were mentioned as further causes for changes in urination. Although the experience of some symptoms was not seen as problematic and could be accounted for within everyday life, differentiation was made between symptoms, such as pain and haematuria, which would cause concern and those which, although a nuisance, were nothing to worry about — especially weak stream, frequency and hesitancy. The last quote in Figure 1 reflects this distinction.

The interviews focused on the perceptions of symptoms within the context of daily living. Although urinary symptoms were often described as interfering in daily life by those experiencing them, this was seldom considered a cause for concern or worry. Adaptive changes were easily made, and any interference in daily routines or sleeping patterns was accommodated by all but the symptomatic men in the youngest age group. Such modification of behaviour was commonplace, and amongst older men especially, both the symptoms and adaptation became an accepted part of everyday experience, and what they saw other men doing. Figure 2 provides examples from the interviews.

Health-care-seeking behaviour

Where appropriate, respondents were asked why they did or did not consult their general practitioner about urination which they described as bothersome. Out of the men with prostatectomy, 12

Table 1. Percentage of men reporting presence of urinary symptoms at least rarely (score ≥ 1) during the previous month, and the percentage of those finding the symptoms somewhat or extremely bothersome (score ≥ 2).

	Symptom present		Symptom bothersome	
Symptom	Per cent	(Number)	Per cent	(Number)
Nocturia (twice or more)	56.1	(111)	29.7	(33)
Hesitancy	18.7	(37)	35.1	(13)
Straining	16.2	(32)	28.1	(9)
Urgency	58.6	(116)	34.5	(40)
Dribbling	37.9	(75)	50.7	(38)
Intermittency	26.3	(52)	30.8	(16)
Incomplete emptying	29.8	(59)	35.6	(21)
Weak urinary stream	35.9	(71)	26.8	(19)

A147*	I don't worry about it only it's inconvenient at times. I don't worry about it because I don't really need to. I think it's associated with old age, you've got to realize that things can't be like they were when you're a young man, 50 or 60 years ago.
B259	If things happen gradually over a long period, you tend to accept them more as the norm until one day you might turn around and think oh gee, yes.
C032	I drink a hell of a lot of coffee, I put it (nocturia) down to drinking too much.
D273	The passing of blood, pain, I would say there's something wrong. But dribbling, having to go frequently, getting up in the night, I've never seen that as a problem.

Figure 1. Lay perceptions of urinary symptoms. *Denotes response from men aged: (A) 70–79, (B) 60–69, (C) 50–59 and (D) 40–49 years; the number refers to the study participant.

(75%) presented with retention, pain or haematuria, and the remainder presented with persistent symptoms, such as severe nocturia. A total of 41 (22%) subjects out of the rest of the sample reported having consulted at some time over urinary symptoms. The most common reasons for consulting were pain, suspected infection or persistent symptoms. Four respondents said that their general practitioner had questioned them about urinary symptoms when they were attending for other reasons, and two of these men had not mentioned their symptoms despite experiencing them. Six men felt that their symptoms had been played down by their general practitioner by being attributed to age or as not being anything to worry about.

Where appropriate, other respondents were asked if they would consult, should they experience urinary symptoms. The overwhelming response to this question was positive. At a hypothetical level, it would seem that men would consult their doctors. Those experiencing few or no symptoms anticipated that they would find the onset of such symptoms worrying. This suggests that anticipating symptoms is a different process from the actual experience of symptoms. However, further probing revealed that it would be pain and haematuria which would most alert men to seek help (Figure 3 provides illustrations from the interviews).

The respondents were also asked how they felt other men might behave if they were experiencing urinary symptoms. Although very few said that they themselves would be embarrassed, 117 (59%) men attributed this emotion to others. Fear was mentioned by 70 (35%) men, either in general terms or specifically in relation to fear of cancer, or fear of an operation (Figure 4 illustrates these themes). Eighty-five (43%) men mentioned that they would discuss their symptoms with their wives, and 34 of these said that their wife's views influenced their own health-care-seeking behaviour. Men reported that they seldom talk to each other about symptoms, but may mention that they have had 'the operation'.

A094	If you're on a bus tour, you see all the men going just the same as you do, you're not the first in the queue.
B009	I just have to put up with it ... I've accepted it.
C269	It's a nuisance ken, nobody likes to have to get up every couple of hours but no, it's not hard for me to cope ... I couldn't tell you when I had a good night's sleep, a full night's sleep ... you get a bit tired aye, a wee bit miserable nobody likes to admit they've got problems, but to myself it's not a problem to admit to.
D038	Every time I go to the toilet I have to dry myself because there's nothing worse ... I go to a lot of meetings and that, I'm uptight about it, you know, I'm going, oh I hope I'm OK tonight. You cannae relax the same, you've got this thing at the back of your mind.

Figure 2. Bothersomeness and the accommodation of symptoms. Key as Figure 1.

C360	I wouldn't sort of run there (health centre) right away, say if I was finding it difficult to pee, unless there was pain attached to it.
D051	I mean, if I got up one morning and I went to the toilet and it was blood I was passing, I would go straight to the doctor. Maybe with some of the other problems it would take me a wee to realize what was happening.
D285	If I noticed blood or something like that I know that men can get these sorts of things so I would be knowledgeable enough to think oh there's something not right here, I should be in and getting it sorted as opposed to think oh this is just old age.

Figure 3. Help-seeking behaviour. Key as Figure 1.

Discussion

In common with other studies,[6,20] our research identified the presence of a range of urinary symptoms in the community, many of which do not come to the attention of a general practitioner. Recent studies on consultation behaviour have investigated men with symptoms,[5,9] and have suggested that symptoms may be seen as part of normal ageing. Considering symptoms to be normal is a process also identified in research on other conditions and populations.[16,21] By studying men, whether or not they experience any urinary symptoms, our research was able to explore the cultural importance of ageing as an explanation for urinary symptoms. Clearly, such symptoms were associated with normal ageing, and this was often given as a reason for symptoms to be nothing to worry about. The attribution of symptoms to ageing served not only to attenuate worry about bothersome urination, but also to reinforce a belief that symptoms are commonplace and inevitable.

However, the qualitative nature of our research enabled further exploration of men's views. The insidious development of urinary problems reinforced men's acceptance of and accommodation to symptoms. The majority of men assumed that prostatism would present with pain, haematuria or acute retention of urine. Such symptoms were perceived as significant, as opposed to dribbling, hesitancy or frequency, which were not only seen as being of little concern but were more likely to be accepted as consequences of the ageing process. These latter symptoms can also be accounted for by everyday behaviour (e.g. drinking coffee) and can be self-managed. These come to form a component of everyday life which is taken for granted.

Our results support the work by Jolleys *et al*,[20] who found that men tolerate urinary symptoms. However, our research found that men's understanding of the term 'bother' was not synonymous with worry or problem. Urinary symptoms clearly do bother men in that they often have to adapt their behaviour and day-to-day living around the management of frequency, urgency and hesitancy; but these symptoms in themselves are not perceived as significant or alarming enough to warrant consultation. Bothersomeness associated with urinary symptoms may not be regarded as sufficient reason to consult a doctor, when such symptoms are not considered a health problem.[22] For the majority of men with urinary symptoms, the dichotomy between normal and abnormal micturition appears to become blurred. For the most part, changes occur gradually and are accommodated over time.

An understanding of patients' beliefs and concerns, and the processes underlying decisions to consult are obviously important for effective and sensitive primary care. Men's health is being highlighted as an important area for development,[23] and research into their needs and concerns is one contribution to this. In relation to urinary symptoms, the decision to consult can

A011	Scared to go ... they're worried, if a person passes blood, you must worry, it's concern.
B269	It's a bit like coming back to the old thing that they are frightened, yeah, it's got to be.
C360	Well it's probably embarrassing.
D235	Possibly this being less of a man thing, being too shy — I don't know if shy is the right work ... embarrassment maybe if someone else said I saw you at the doctor.

Figure 4. Why other men do not consult. Key as Figure 1.

be understood at a personal and cultural level. In general, urinary symptoms are not considered a health problem, and are seen as part of normal ageing. Nevertheless, admissions of fear or embarrassment are present in our data, particularly as attributed to others. Also, accommodation to symptoms, although accepted as normal, does present problems of management to some men.

Much still remains to be understood about the natural history of urinary problems and how these should best be managed. Given the likely development of new therapies, and the possible increase in the salience of men's health in the community, the role of the general practitioner is important but ambiguous. On the one hand, it would be inappropriate to promote unnecessary medicalization of urinary problems; yet it is also important to ensure that serious or treatable disease does not go unnoticed. Additionally, general practitioners may be able to provide advice on appropriate daily management of inconvenient urinary symptoms. In fact, many men do consult their general practitioner at some stage with urinary symptoms: this provides scope for discussions about management, or for education about significant changes in urinary function. An understanding of lay beliefs and behaviour would extend the general practitioner's awareness of possibly undeclared urinary problems, and discussion could focus on these within the context of everyday experience rather than as symptoms of disease.

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