



Letter to the Editor

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Should Psychiatric Symptoms Be Evaluated in Elderly Males With Lower Urinary Tract Symptoms?

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The world population is aging rapidly. As the life expectancy of elderly individuals increases, clinicians are focusing their attention on the management of degenerative diseases. Lower urinary tract symptoms (LUTS) are a representative degenerative symptom of old age, and their prevalence increases with age; approximately 80% of men over the age of 80 years old experience LUTS. LUTS interfere with daily functioning, and elderly males with LUTS often feel emotional discomfort, such as depressive mood and anxiety. [1,2]

However, elderly patients suspected of depression accompanied by anxiety often do not complain of their mood symptoms as subjective discomfort. Instead, elderly individuals complain of various nonspecific physical symptoms. The physical symptoms include abdominal discomfort, body pain, and urinal impairment [3]. These nonspecific somatic symptoms, which are frequently evaluated in elderly depressed patients, could make it difficult to differentiate them from urological diseases in elderly male patients who complain of LUTS.


A psychiatrist could misdiagnose LUTS symptoms among elderly depressed patients as psychiatric symptoms, thereby exacerbating the course of LUTS. Conversely, prejudice or indifference to patients' psychiatric diagnosis and treatment could delay the evaluation and treatment of psychiatric symptoms in elderly patients with LUTS. In this case, it can also be evaluated as if LUTS do not improve.

LUTS are broadly divided into storage and urination symptoms. In a previous study, the association between subclinical

symptoms of LUTS and psychiatric symptoms was investigated. Storage symptoms such as frequent urination and nocturia were associated with depression, and voiding symptoms such as discomfort and residual urination were more strongly correlated with anxiety symptoms [1]. Additionally, as the severity of psychiatric symptoms increases, the symptoms of LUTS become more severe. In elderly males, aggravated LUTS exacerbates psychiatric symptoms such as anxiety and depressive mood [1,4].

As mentioned above, LUTS and psychiatric symptoms can interact with each other, exacerbating one another or interfering with treatment. In elderly individuals, these cumulative diseases impair overall functioning in late life. In addition, LUTS decrease the quality of life as much as diabetes and hypertension in elderly individuals, and psychiatric symptoms that are not evaluated and treated can further deteriorate the quality of life [5]. In previous community-based studies, the comorbidity rate of LUTS and psychiatric symptoms, such as depression and anxiety, in males was approximately 20%–25%, and in particular, the comorbidity rate increased with age [1,6]. However, clinicians tend to overlook this issue for a couple of reasons. Clinicians should not miss the opportunity to evaluate psychiatric symptoms when diagnosing and treating elderly males with LUTS (through collaboration with a psychiatrist if necessary) and to improve the quality of life of patients.

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