Reviewer’s report

**Title:** Epidemic investigation of benign prostatic obstruction with coexisting overactive bladder in Shanghai Pudong New Area and its impact on the health-related quality of life

**Version:** 0  **Date:** 21 Jan 2018

**Reviewer:** Keong Tatt Foo

**Reviewer's report:**

Comments on BURO-0-17-00336

BPO and OAB

**Comments**

1. Generally a fairly comprehensive manuscript on epidemiology of clinical BPH and incidence of OAB.
2. The disease BPH (clinical BPH) is not "BPO, with symptoms". There are patients with BPO with no symptoms, often leading to chronic retention of urine. So, this category of patients would not have been included in the study population. (Ref: Luo GC, KT FOO, Kuo T, Tan G. Diagnosis of prostate adenoma and the relationship between the site of prostate adenoma and bladder outlet obstruction Singapore Med J. 2013 Sep; 54(9):482-6.

3. The sentence page 3 line 10 to 12 ) " Some patients have OAB symptoms in the urine storage period, which is known as hyperplasia (BPH) with coexisting OAB (ref 3) " Cannot understand the sentence. Need to be revise or deleted?

3. BPO diagnostic criteria

Should not be only on

Voiding and post Micturition symptoms
Prostate volume (PV) more than 25gm on transrectal ultrasound
Qmax equal or less than 15mls.

But should include Intravesical Prostatic protrusion (IPP), and there are evidence to suggest that PV less than 25 grams can still have significant obstruction on Urodynamic studies. (ref:1) Hirayama A, Samma S, Fujimoto K, et al. Comparison of parameters to determine the cause of urinary disturbance in men with prostate volume less than 20 milliliters. Int J Urol 2002; 9: 554-559)
(ref 2)SJ Chia, CT Heng, SP Chan, KT FOO 'Correlation of intravesical prostatic protrusion with bladder outlet obstruction'
4. In the discussion, it is interesting to note that Emotional state has significant influence in the development of OAB in patient with clinical BPH.

Therefore, counselling on mindfulness (meditation) and relaxation exercise such as Qi gong and Tai Chi should be promoted in the management of clinical BPH patients with no significant obstruction. This may be better than medications with the many side effects.

If the obstruction is significant with development of inability to store with Max voided volume less than 100mls and high grade3 IPP, than surgical options would be a better modality for management of the disease. (Ref:1. KT FOO

Decision making in the management of benign prostatic enlargement and the role of transabdominal ultrasound

International Journal of Urology 2010; 17: 974-979)


KT Foo

21st Jan 2018

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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