Methods

Participants and recruitment

Men in the UK, aged ≥45 years and with moderate-to-severe LUTS/BPH (self-reported IPS ≥8) were invited to participate. All men were registered with a commercial market research firm (ResearchNow), the planned sample size was 300.

The DCE was survey online for 8 days, 19–26 March 2014.

Attributes and levels

Seven or more attributes, and their corresponding levels, were included in the final DCE model. Table 1 describes the DCE attributes and levels.

Introduction

Men's preferences for the treatment of lower urinary tract symptoms associated with benign prostatic hyperplasia: a discrete choice experiment

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Figure 1. Example DCE task.

Please imagine the situation:

1. You have to take 14 times during the day. When you need to urinate you usually have to rush to the toilet and blank yourself before you get there.
2. You work full time and are not paid overtime.
3. You do not really enjoy medication to treat your symptoms. However, your general practitioner has told you that these medicines are available at a low price.

Please compare the medicines and tick off, if you, you would prefer:

Description Medicine A Medicine B Medicine C

Time to urinate 4 times 6 times 8 times

Night-time frequency of urination 4 times 6 times 8 times

Urgency – when you need to go to the toilet to avoid the urge to urinate immediately: can postpone without fear of reduced urgency of urination from urge incontinence to moderate urgency (£23.95/month) and for one-less night-time urination (£5.80/month).

In contrast, the WTP was reduced by sexual side effects of ejaculatory dysfunction (–£29.70/month), ‘decreased sexual desire’ (–£15.37/month), and ‘no reduction in sexual frequency’ (–£16.75/month), and the non-sexual side effects of dizziness (–£17.25/month) and headaches (–£17.50/month). Table 3. Marginal WTP.

Table 1. Attributes levels in the DCE Attribute Levels

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time to urinate</td>
<td>4 times</td>
<td>6 times</td>
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Conclusions

This DCE suggests that patients with LUTS/BPH have preferences for attributes of medicinal products, which can be used as a basis for trade-offs between them when making treatment choices.

In terms of benefits, reducing urgency was perceived as the most important benefit of medication to men; reducing night-time and day-time frequency were also valued.

The perceived value of a medication is reduced by the risk of sexual and non-sexual side effects, most notably erectile dysfunction.

References