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EDITORIAL COMMENT

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Urethral stricture disease affects men of all education levels and backgrounds around the world. Urethral stricture prevalence is thought to be higher in developing countries in which literacy and access to care might be limited.¹ Validated instruments for assessing men with urethral stricture disease would be helpful to track voiding symptoms, assess need for intervention, and compare research results.

The present study uses the 4-question visual prostate symptom score (VPSS) described by van der Walt et al.¹ The VPSS and International Prostate Symptom Score (IPSS) were administered to 100 men referred to a urethral stricture clinic, 41 of whom had 7 years of less formal schooling. These studies were readministered to 78 men during follow-up. Urethral calibration and uroflowmetry were also measured. Uroflowmetry with maximum urinary flow rate <15 mL/s demonstrated a positive predictive value of 83% for urethral stricture measuring 18 F or less. VPSS >8 and maximum urinary flow rate <15 mL/s increased the positive predictive value to 87%.

A sixth grade reading level is considered necessary to understand the questions asked in the IPSS,² and incongruent answering of the IPSS compared with actual lower urinary tract symptoms is related to lower educational level.^{3,4} To help address the effect of educational level on IPSS, visual prostate symptom scores have been developed and validated.^{1,5} The concept of a visual patient-reported outcome measure is particularly appealing for providers working in areas with low literacy rates and diverse cultures and languages such as an inner-city urology clinic such as ours at San Francisco General Hospital.

Versions of VPSS include a visual analog scale with pictures of happy to increasingly sad faces for all 7 questions in the IPSS⁵ and a 4-question VPSS with pictures demonstrating daytime and nighttime urinary frequency and force of urinary stream and a visual analog scale to rate quality of life.¹ The 4-question version of the VPSS has been validated with regards to IPSS scores and uroflowmetry measurements.⁶

Future efforts to expand on the present work could involve psychometric validation of the instrument across cultures. Psychometric validation testing includes assessment of “known groups validity” in which VPSS scores from low, medium, and severe voiding symptom patient groups are compared and assessment of “within person change over time” to assess differences in a single patient’s scores at different time points.⁷

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