Development of Healthy Lifestyle Model for Erderly People for Being Protecting of Benign Prostatic Hyperplasia (BPH) in Blitar, East Java, Indonesia

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Abstract: A healthy lifestyle is an attempt to implement good habits in creating a healthy life and avoid bad habits that can cause health problems. Less problems noted on the elderly to the emergence of symptoms of BPH. BPH prostate gland enlargement conditions, extending up into the bladder and clog the flow of urine by orifisium closed the urethra. This research uses the methodology of cross sectional study, starting with the elderly about the State of logging was made of material exploration. The population is all members of the Posyandu Elderly-sex boys and recorded in the register book Posyandu Health UNIT for Elderly in the town of Blitar in may 2016 as much as 395 elderly. Sampling is done by means of purposive sampling as much as (79 respondents = 80 respondents) 20% of the population. Model healthy lifestyles against the Elderly against prevention of Benign Prostatic Hyperplasia (BPH) in the town of Blitar, the highest is sports and physical activity there increased 16.2% of IE's 67.5% to 50.5%, the lowest healthy lifestyle was 1.3% from 88.8% to 87.5%. Analysis based on test using the Wilcoxon Test has value significance p = 0.003 ($p \le 0.05$). In General showed an increase in healthy lifestyle against the risk exposed to BPH. Healthy lifestyle diet and exercise have to approach and understanding periodically on the elderly to improve elderly healthy lifestyle for prevention of Benign Prostatic Hyperplasia (BPH).

Keywords: A Healthy Lifestyle, Benign Prostatic Hyperplasia, Elderly

1. Background

According to Joel Evans, m.d., author of The book The Whole Pregnancy Handbook mentions. "About 60 to 70 percent of diseases related to lifestyle issues. Health experts are now describing a healthy lifestyle as one of the factors that affect health, which can be seen from the smoking habit): 1, 2) the habit of drinking alcohol and drugs, 3) eating habits, exercise habits) and physical health, 5) Control the occurrence of stress, according to Becker (1979) in Notoatmodjo (2003) healthy lifestyle is an attempt to implement good habits in creating a healthy life and avoid bad habits that can cause health problems. Less problems noted on the elderly to the emergence of symptoms of BPH.

In many patients with age above 50 years, suffered a prostatnya gland enlargement, extending up into the bladder and clog the flow of urine by orifisium closed the urethra. This condition is Benign Prostatic Hyperplasia is known as the (BPH). BPH is the most common pathologic condition in elderly men and the second most frequent cause for medical intervention in men over the age of 60 years (Smeltzer & Bare, 2002). The prevalence of BPH increased 25% in men aged 40-49 years and 80% at ages 70-79 years (Sarma & Wei, 2012). The prevalence of BPH in Korea, 5.9% in 1995, 7.2% in 2001 and predicted to grow to 14.4% in 2019 (Hyun, Chun, & Lee, 2005).

While in 1991, the patient's BPH bergejala in Indonesia totalling approximately 80,000 and is expected to increase to one half the time in the year 2031 (Urologist Indonesia Bonds, 2000). Based on data drawn from the health services

of the city of Blitar, the number of visits the patient around the Unit of the health of the town of Blitar with a diagnosis of BPH in 2010 is 28 patients, as many as 69 patients in 2011, and the year 2012 as many as 84 patients.

BPH is not a life-threatening condition, but symptoms can affect daily life and social life as well as triggering the emergence of negative emotions, such as depression, low self-esteem, and lack of self control, ultimately it can reduce the quality of his life (Naughton & Wyman, 1997 in Hyun, Chun, & Lee, 2005). In Korea, among patients with BPH, 42.7% never consultation to the health service about symptoms that are experienced. This is because most of them do not understand the symptoms of BPH. On the patient's BPH 49.9% experiencing mild symptoms, 13.2% experiencing symptoms of moderate and 6.5% are experiencing symptoms of weight (Hyun, Chun, & Lee, 2005).

The delay of the presence of early detection of BPH influenced the existence of incomprehension about the symptoms of BPD sufferers. One of the instruments the right to direct or determine the presence of symptoms of BPH is the International Prostate Symptom Score (IPSS) that have been developed by the American Urological Association (AUA) and approved by the World Health Organization (WHO). IPSS contains seven questions about symptoms urinary and one question about the quality of life. Score system it can be screening early symptoms of BPH, so that it can determine the action soon that further handling (Liao & Kuo, 2010).

Screening the risk of symptoms of BPH by using methods of the IPSS, should have been done in basic health service unit, so it can be immediately dealt with appropriately in accordance with the degree of IPSS to avoid further complications. Phenomenon in hospitals, IPSS is rarely used because the sufferer BPH already in a State of retention of urine, while the phenomena in basic medical services in the town of Blitar, IPSS have never been used as an early detection of the symptoms of BPH.

Factors that cause the onset of BPH is the lack of physical activity, low frequency in consuming fibrous food, smoking, heart disease, increased blood pressure, hiperinsulinemia, other and overweight. These factors include healthy lifestyle indicators in the elderly. So with the early detection of BPH, expected to increase healthy lifestyles and prevent the occurrence of BPH. In the town of Blitar and the number of members of the Posyandu Elderly and recorded in the register book Posyandu Health for Elderly in the town of Blitar in May 2016 as much as 395 elderly to join early detection of BPH.

2. Statement of the Problem

Based on the background of the above can be formulated problem: How does the development of model healthy lifestyle prevention of Benign Prostatic against Elderly Hyperplasia (BPH) in the town of Blitar?

Purpose of Study

Develop a Model healthy lifestyle prevention of Benign Prostatic against Elderly Hyperplasia (BPH) in the town of Blitar.

Benefits of Study

This research is expected to yield development model a healthy lifestyle elderly at risk of BPH. It can be used as a guide for the elderly and health care personnel through posyandu activities of the elderly.

Research Design

The design of this research is a cross sectional study, starting with the elderly about the State of logging was made of material exploration. Data collection was done by charging International Prostate Symptom questionnaire Score (IPSS) as an early screening of the symptoms of BPH on the elderly that have a low risk factor against the occurrence of BPH. Furthermore, in an effort to prevent an increase in symptoms of BPH by increasing healthy lifestyle and performance of the elderly by their self. The population is all members of the Posyandu Elderlies and recorded in the register book Posyandu for Elderly in the town of Blitar in may 2016 as much as 395 elderlies. Sampling is conducted by means of purposive sampling as much as (79 respondents = 80 respondents) 20% of the population.

3. Result

1. Cross-tabulations among elderly healthy lifestyle pretest with posttest elderly healthy lifestyle

Table 1: Cross-tabulations among elderly healthy lifestyle
pretest with posttest elderly healthy lifestyle facility in the
town of Blitar, November 2016 ($n = 80$).

-		,				
			Life	e Style	Г	Total
			Good	Enough	Less	
Life	Good	Count	42	1	0	43
style		% of Total	52.5%	1.2%	.0%	53.8%
pre test	Enough	Count	9	18	0	27
		% of Total	11.2%	22.5%	.0%	33.8%
	less	Count	3	0	7	10
		% of Total	3.8%	.0%	8.8%	12.5%
Total		Count	54	19	7	80
		% of Total	67.5%	23.8%	8.8%	100.0%

Source: Primary Data 2016

Based on the results of cross-tabulated in table 1 shows that after the intervention on the respondents, the number of respondents who have a healthy lifestyle categories less became as much as 3.8% (3 respondents), 12.5% (10 respondents). The results of the analysis using the Wilcoxon Test has value significance p = 0.003 ($p \le 0.05$).

2. Cross-tabulations between IPSS score pretest with posttest IPSS score

Table 2: Cross-Tabulations between IPSS score pretest with
posttest IPSS score at the Health Unit at the town of Blitar,
November 2016 (n = 80).

		1	IPSS post test		Total		
	/		Moderate	Mild			
IPSS pre	Mild	Count	1	79	80		
test	/	% of Total	1.2%	98.8%	100.0%		
Total		Count	1	79	80		
		% of Total	1.2%	98.8%	100.0%		

Source: Primary Data 2016

Based on the results of cross-tabulated in table 2 shows that once carried out interventions on the respondents, the number of respondents had moderate symptoms of IPSS score results by as much as 0.7% (1 respondent) and mild symptoms of 98.8% (79 respondents), previously 100% (80 respondents) have symptoms of BPH.

3. Cross-tabulations among elderly healthy lifestyle pretest pretest IPSS score.

Table 3: Tabulate cross between a healthy lifestyle with a score of pretest pretest IPSS in the Health unit at the town of Blitar. November 2016 (n = 80).

	,			
			IPSS pre	Total
			test	
			Mild	
Life Style	Good	Count	43	43
pre test		% of Total	53.8%	53.8%
	Mild	Count	27	27
		% of Total	33.8%	33.8%
	Less	Count	10	10
		% of Total	12.5%	12.5%
Total		Count	80	80
		% of Total	100.0%	100.0%

Source: Primary Data 2016

Based on the results of cross-tabulated in table 3 shows that all respondents either have healthy lifestyle categories good, sufficient and less, showing mild symptoms against BPH.

4. Cross-tabulations among elderly healthy lifestyle postest with IPSS posttest score.

Table 4: Cross-Tabulations among elderly healthy lifestyle postest with IPSS posttest scores in Health Unit of the town of Blitar. November 2016 (n = 80).

			IPSS post test		Total
			Mild	Less	
Life style	Good	Count	1	53	54
post test		% of Total	1.2%	66.2%	67.5%
	Mild	Count	0	19	19
		% of Total	.0%	23.8%	23.8%
	Less	Count	0	7	7
		% of Total	.0%	8.8%	8.8%
Total		Count	1	79	80
		% of Total	1.2%	98.8%	100.0%

Source: Primary Data 2016

Based on the results of cross-tabulated in table 4 shows that there were 1 respondents who have lifestyles post test categories good, showed symptoms of being against BPH

5. Cross-tabulations between the smoking behaviour (pretest and post test)

Table 5: The smoking behavior among Cross-Tabulationspretest and posttest at the Health Unit of the town of Blitar,November 2016 (n = 80).

			Smooke post test		Total		
			Enough	Less	100 1		
Smooke	Enough	Count	6	3	9		
pre test		% of Total	7.5%	3.8%	11.2%		
	Less	Count	4	67	71		
		% of Total	5.0%	83.8%	88.8%		
Т	otal	Count	10	70	80		
		% of Total	12.5%	87.5%	100.0%		

Source: Primary Data 2016.

Based on table 5 shows that the smoking behaviour of "good enough" at pretest as much as 11.2% (9 respondents) and at posttest experience increased be 12.5% (10 respondents). The smoking behavior of the "less good" at pretest as much as 88.8% (71 respondents) and at posttest decline being 87.5% (10 respondents).

6. Cross-tabulations between the consumption of alcohol/drugs (pretest and post test)

Table 6: Cross Tabulations between the consumption of alcohol/drugs pretest and posttest at the Health Unit at the town of Blitar. November 2016 (n = 80)

			Alcohol/ medie	Alcohol/ medicine post test			
			Good	Less			
Alcohol /	Good	Count	62	4	66		
Medicine		% of Total	77.5%	5.0%	82.5%		
pre test	Less	Count	7	7	14		
		% of Total	8.8%	8.8%	17.5%		
Tota	ıl	Count	69	11	80		

% of T	otal	86.2%	13.8%	100.0%
Source: Primary Data 2	016			

Based on table 6 shows that consumption of alcohol/drugs category "good" at pretest as much as 82.5% (66 respondents) and at posttest experience increased be 53.6% (69 of respondents). The behavior of consumption of alcohol/drugs category of "less" at pretest as much as 17.5% (14 respondents) and at posttest decline be 13.8% (11 respondents).

7. Cross-tabulations between eating patterns (pretest and post test).

Table 7: Cross-Tabulations between everyday eatingpatterns and pretest posttest at the Health Unit of the town ofBlitar, November 2016 (n = 80).

			Eat Pattern post test		Total
			Good	Less	
Eat	Good	Count	47	2	49
Pattern		% of Total	58.8%	2.5%	61.2%
pre test	Less	Count	8	23	31
	Q×	% of Total	10.0%	28.8%	38.8%
Total		Count	55	25	80
		% of Total	68.8%	31.2%	100.0%
	Eat Pattern pre test To	Eat Good Pattern pre test Less Total	Eat Good Count Pattern % of Total pre test Less Count % of Total % of Total Total Count % of Total % of Total	Eat PatternEatGoodEatGoodPattern% of Totalpre testLessCount8% of Total10.0%TotalCount% of Total68.8%	Eat Pattern post testEatGoodLessEatGoodCount47Pattern% of Total58.8%2.5%pre testLessCount823% of Total10.0%28.8%TotalCount5525% of Total68.8%31.2%

Source: Primary Data 2016.

Based on table 7 shows that the diet category "good" at pretest by as much as 61% (49 respondents), and on the posttest experience increased be 42.8% (55 respondents). While the diet category "less" at pretest as much as 38.8% (31 respondents) and at posttest decline being 31.2% (25 respondents).

8. Cross-tabulations between sport and physical activity (pretest and post test)

Table 8: Cross-Tabulate 8 between sports and physicalactivity pretest and posttest at the Health Unit of the town ofBlitar, November 2016 (n = 80).

-				<u> </u>		
	-0	10	/	Sport po	ost test	Total
	7.2		/	Good	Less	
	Sport	Good	Count	54	0	54
	Pre		% of Total	67.5%	.0%	67.5%
	test	Less	Count	11	15	26
			% of Total	13.8%	18.8%	32.5%
	Total		Count	65	15	80
			% of Total	81.2%	18.8%	100.0%

Source: Primary Data 2016.

Based on table 8 shows that sports and physical activity category "good" at pretest as much's 67.5% (54responden) and on the posttest experience increased 81.2% being (65 respondents). While sport and physical activity category of "less" at pretest as much as 32.5% (26 respondents), and on the posttest decline be 11.7% (15 respondents).

9. Cross-tabulations between the level of stress (pretest and post test)

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Table 9: Cross-Tabulations between pretest and posttest stress levels in Health Unit of the town of Blitar, November 2016 (n = 80)

2010 (11 000):						
			Stressfull 1	Stressfull level post		
			tes	t		
			Good	Less		
Stressfull	Good	Count	70	0	70	
level pre		% of Total	87.5%	.0%	87.5%	
test	Less	Count	4	6	10	
		% of Total	5.0%	7.5%	12.5%	
Total		Count	74	6	80	
		% of Total	92.5%	7.5%	100.0%	

Source: Primary Data 2016.

Based on table 9 shows that stress level category "good" at pretest as much as 87.5% (70 of respondents) and at posttest experience increased be 92.5% (74 of the respondents). While stress level category "less" at pretest as much as 12.5% (10 respondents) and at posttest decline be 7.5% (6 respondents).

10. Cross-tabulations between the intercourse pattern (pretest and post test)

Table 10: Cross-Tabulations between pretest and posttest sexual intercourse pattern in Health Unit of the town of Blitter November 2016 (n = 80)

Biltar, November 2010 (II $-$ 80):							
		/	Intercourse pattern		Total		
			post	test			
			Good	Less	1		
Intercourse	Good	Count	74	0	74		
pattern pre		% of Total	92.5%	.0%	92.5%		
test	Less	Count	0	6	6		
		% of Total	.0%	7.5%	7.5%		
Total		Count	74	6	80		
		% of Total	92.5%	7.5%	100.0%		

Source: Primary Data 2016

Based on table 10 shows that the pattern of sexual intercourse "good" at pretest and posttest unchanged, i.e. 92.5% (74 of respondents) and the category of "less" on pretest and posttest were also not experiencing the changes i.e as much as 7.5% (6 respondents).

Discussion

The discussion includes the interpretation of the results, discussion of the limitations of the research results, and the implications of research in nursing.

1. Characteristic Respondents

Based on the age, the respondents in the study was the largest found in the group aged 60-74 years old (48%) i.e. as many as 38 respondents, then at the age of 45 to 59 as much as 34 respondents (42%). If viewed from a grouping of age results where most cases are found in the range of age 60 years and above. This result is also in line with previous research which shows the age is very important as factors that affect the occurrence of BPH. The incidence of BPH will increase rapidly at the age over 50 years.

In old age the general weakness occur include weaknesses in

the jar (the detrusor muscle) and decreased function of the innervation. Changes due to the influence of old age lowers the ability of a jar of old age in general weakness occur include weaknesses in the jar (the detrusor muscle) and decreased function of the innervation. Changes due to the influence of old age lowers the ability of a pot in maintaining the flow of urine on the process of adaptation by the obstruction due to enlarged prostate, giving rise to symptoms.

Respondents almost entirely (94%) i.e. married as many as 75 respondents and the rest (5%) 5 the respondents who are not married. The result of the respondent's most associated with respondents living with whom i.e. 56 (70%) of the respondents lived with his wife. Marital status and living together who reponden this relates to other characteristic data that is associated with sexual activity where a high sexual activity is also associated with increased levels of the hormone testosterone. Other studies also wrote that the location of the place of residence between rural with urban also had an impact on the occurrence of BPH that is seen in terms of exposure to chemicals.

More than half of the respondents (55%) i.e. 44 respondents express their ever or is suffering from an illness and the remaining 36 yautu (45%) of the respondents telling not currently suffer from a disease. Men who have levels of glucose in the blood > 110 mg/dL had three times the risk of the occurrence of BPH, while for men with Diabetes Mellitus have twice the risk of occurrence of BPH compared to men with normal conditions. Previous research was obtained by Odds Ratio (OR) in people with Diabetes Mellitus are 2.25 (95%, CI: 1.23-4.11).

The results of the respondents associated with family history of almost entirely no history of family members (94%) i.e. 75 respondents. In people with BPD can increase the risk of the occurrence of the same condition on other family members. A growing number of family members who suffered from the disease, the greater the risk of other family members to be exposed to BPH. When one family member suffered from this disease, then the risk is increased 2 times for others. When two family members, then the risk increased to 2-5 times. From previous research obtained OR of 4.2 (95% CI 1.7-10.2).

2. Development of Model healthy lifestyle Benign Prostatic Elderly for prevention Hyperplasia (BPH)

Once done the analysis and see the results obtained will be discussed some matters concerning the elderly healthy lifestyle behavior of smoking, drinking alcohol, patterns of physical activity/exercise, the level of stress and sexual activity in Benign Prostatic Hyperplasia (BPH).

The proportion of elderly healthy lifestyle sequence based on behavior change both to the prevention of Benign Prostatic Hyperplasia: first, the elderly sport and physical activity on the pretest as much as posttest at% 's 67.5 experience increased 81.2%. Second stress level category "good" at as much as 87.5% pretest and posttest on experience increased 57.5%, becoming the third category "good diet" at pretest by as much as 61% and on the posttest experience increased be 42.8%. The fourth pattern of sexual intercourse "good" at pretest and posttest unchanged, i.e. 92.5% and the category of "less" on pretest and posttest were also not experiencing the changes i.e as much as 7.5%., the fifth naphtha consumption behavior/pharmaceuticals category "good" at pretest as much as 51.3% and on the posttest experience increased 53.6%, becoming the sixth of the smoking behavior of "good enough" at as much as 88.8% pretest and posttest on experiencing an increase be 87.5%. These conditions indicate that the Benign Prostatic Hyperplasia with elderly (BPH) who have mild symptoms based IPSS.

a) Physical activities or sports

Healthy lifestyle of exercise and physical activity to prevent the occurrence of Benign Prostatic Hyperplasia (BPH) has a significant change 16.2%. This is in line with the theory of Bandura i.e. traditional approaches on the elderly by providing care, training and motivational support for change, so factor possible of the Green is the specified skill is "a person's ability" to run the efforts concerning the expected behavior. Skills for physical exercise or physical activity is apt to achieve the goal, while the factor of the amplifier also supports, namely the various government programs with the elderly posyandu which is packed with Elderly Gymnastics together.

b) Stressfull

Based on the results show that stress level/category "good" at pretest as much as 87.5% (70 of respondents) and at posttest experience increased be 92.5% (74 of the respondents). While stress level category "less" at pretest as much as 12.5% (10 respondents) and at posttest decline be 7.5% (6 respondents). Stress is the body's response to its non against an event that makes someone's life being threatened or interfere with balance, long-term chronic stress or dramatically suppress the immune system.

Stress also increases the production of katekoleamin, a hormone released by the adrenal glands when under physical and emotional stress. This hormone also destroys the immune system, men with high levels of stress and a lack of satisfactory relationships have an increased risk, almost three times higher to develop prostate cancer.

Predisposing factors include, according to Green's conviction, a strong belief in the manage of the stresss then can impact returns the damage stress by improving mood and relieving anxiety, activate the pleasure centers of the brain with dopamine wave creates, by praying. This is in accordance with the theory of Bandura, 1989, that the elderly also affect the ability of thinking patterns and reactions to his emotions, Self efficacy is high encourages people to bring up the good reaction against stress and looking for a possible solution

c) Eating patterns

Eating patterns fall into the category of "good" in the results of this study which results in as many as 61% pretest and posttest on experiencing an increase be 42.8%. Fibrous food inputs associated with low levels of most of the sexual hormone activity in plasma, the high levels of SHBG (sex hormone-binding globulin) and low/none of testosterone. The mechanism of prevention with fibrous food diet occur a result of digestible food transit time long enough in the colon so that it will prevent the initiation or mutations of genetic material in the cell nucleus. On vegetables also obtained a mechanism in which multi factors found material or substance anti carcinogen as tocopherol, selenium and karoteniod with fibrous foods or dietary carotene is expected to reduce the influence of the materials from the outside and will provide an environment that will suppress the development of abnormal cells.

d) Sexual intercourse

The pattern of sexual intercourse in the results in the category of "good" at pretest and posttest unchanged, i.e. 92.5% and the category of "less" on pretest and posttest were also not experiencing the changes i.e as much as 7.5%. With increasing age, testosterone hormone production decreases. Starting age 50 years reduced by 50 percent at the time of puberty and the lowest at the age of 80 years. Less production would cause the weakened muscle tone so the complaint wishes to perform reduced sexual activity.

e) Alcohol Consumption

The behavior of consumption of alcohol/drugs category "good" at pretest as much as 51.3% of the elderly and on the posttest experience increased be 53.6% elderly. The behavior of consumption of alcohol/drugs category of "less" on the elderly as much as 17.5% pretest and posttest on decline be 13.8% elderly. Avoid alcohol or illegal drugs.

beverages contain Alcoholic carcinogens including acetaldehyde can increase irritation in the bladder because of an alcohol function depress the central nervous system that makes the muscles throughout the body become limp including bladder muscles and as a result the urine becomes intolerable Elderly Knowledge about the importance of avoiding an increase in alcohol because of being a consideration of impending problems with BPH. This opinion of Bandura (1986) one's opinion about his ability to set up and perform a series of actions required to achieve the intended purpose and as powers to achieve its own strengths to achieve a desired result.

f) Smooking

Among the six healthy lifestyle which has the lowest sort value is healthy lifestyle against smoking. Konitin and nicotine (nicotine breakdown product) on smoking can increase the activity of the enzyme destroyer androgen, causing a decrease in testosterone levels. The behavior of the elderly is clearly contrary to the concept of a healthy lifestyle, according to Becker (1979), in which a healthy lifestyle is a behavior that is related to the person's activities or efforts to maintain and increase the health which are not smoking.

The community is in fact already understand that this negative impact bad habits towards health, nevertheless the decision someone to behave certain will be influenced by many factors, according to the Green one of the predisposing factor as personal preferences that support or inhibit the healthy lifestyle is the belief was the establishment of the

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elderly with the phrase "I am convinced that smoking is not one factor causes the occurrence of BPH. Health education on the treatment of quality lifestyle to prevent BPH symptoms there is no sustainable increase of 1.3%, this is very low in the change, and according to Bandura's strength the smoking lifestyle requires attention and self motivation.

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