Lower Urinary Tract symptoms - NICE summary May 2010

Its common. Affects 30% of men over 65
Severity scored as per International Prostate Symptom Score:

- Mild: <8
- Moderate 8-19
- Severe: >19

Initial assessment:

Ask to complete a urinary frequency volume chart
Physical examination including abdomen and external genitalia, and a digital rectal examination
Urine dipstick test to detect blood, glucose, protein, leucocytes and nitrites.
Ask about medication including otc/herbal
Only do creatine and GFR if suspect renal failure
Carry out a symptom score: e.g. IPSS

Offer PSA if:

- their LUTS are suggestive of bladder outlet obstruction secondary to BPE **or**
- their prostate feels abnormal on DRE **or**
- they are concerned about prostate cancer.

CONSERVASTIVE MANAGEMENT
Storage symptoms [urgency, frequency, urgency incontinence and nocturia]

- if suggestive of overactive bladder (OAB) supervised bladder training,advice on fluid intake, lifestyle advice and, if needed, containment products
- if post prostatectomy offer 3 month of supervised pelvic floor exercise. Advise men to continue the exercises for at least 3 months before considering other options

Voiding symptoms [weak or intermittent urinary stream, straining, hesitancy, terminal dribbling and incomplete emptying]

- Trial medication
- Offer ISC before indwelling urethral or suprapubic catheter if can't be corrected by less invasive methods.
- If there is bladder outlet obstruction bladder training is less effective than surgery
- If have problem with post micturition dribble advise on urethral milking.

WHO SHOULD BE REFERRED?

Refer if recurrent or persisent UTI/retention/renal impairment[which is suspected to be caused by lower urinary tract dysfunction/any sterile pyuria,suspected urological cancer

DRUG TREATMENT

For bothersome LUTS:

INDICATION	TREATMENT	REVIEW
Moderate to severe LUTS	Offer an alpha blocker (alfuzosin, doxazosin, tamsulosin or terazosin)	At 4-6 weeks, then every 6-12months
OAB	Offer an anticholinergic	At 4-6 weeks until stable, then every 6-12months
LUTS and a prostate estimated to be larger than 30 g or PSA greater than 1.4 ng/ml, and high risk of progression	Offer a 5-alpha reductase inhibitor	At 3–6 months, then every 6–12 months
Bothersome moderate to severe LUTS, and a prostate estimated to be larger than 30g or PSA greater than 1.4ng/ml	Consider an alpha blocker plus 5-alpha reductase inhibitor	At 4-6 weeks, then every 6-12months for alpha blocker At 3-6months, then every 6-12 months for the 5-alpha reductase inhibitor.
Storage symptoms despite treatment with an alpha blocker alone	Consider adding anticholinergic	At 4-6 weeks until stable, then every 6-12months

- Consider offering a late afternoon loop diuretic for nocturnal polyuria. If not response consider oral desmopressin for nocturnal polyuria if other medical causes (diabetes mellitus, diabetes insipidus, adrenal insufficiency, hypercalcaemia, liver failure, polyuric renal failure, chronic heart failure, obstructive apnoea, dependent oedema, pyelonephritis, chronic venous stasis, sickle cell anaemia, calcium channel blockers, diuretics, and selective serotonin reuptake inhibitor (SSRI) antidepressants) have been excluded and the man has not benefited from other treatments.
  Measure serum sodium 3 days after the first dose. If serum sodium is reduced to below the normal range, stop desmopressin treatment.

PSA may be reduced with long term treatment of 5a-reductase inhibitors [which may provide false reassurance in related to prostate cancer]. When measuring PSA measurement should be adjusted as follows:

Duration of treatment	PSA Multiplier
<2 years	x2.0
2-7 years	x2.3
>7 years	x2.5