






Lower Urinary Tract Symptoms (LUTS)

Lower urinary tract symptoms are very common and impact significantly on quality of life for many men. However, like urinary symptoms in women, they are often not raised by patients and may require active case-finding. LUTS is a condition that is infrequently encountered in the hospital setting and GP registrars find challenging to manage.

<p>TEACHING AND LEARNING AREAS</p> 	<ul style="list-style-type: none"> • Nomenclature – ‘BPH’ vs ‘LUTS’ vs ‘prostatism’ • Differentiation of ‘voiding’ and ‘storage’ symptoms (usually patients have both) • Symptom scale to measure impact on quality of life - International Prostate Symptom Score (IPSS) • Red flags for serious causes e.g. haematuria, dysuria, pain, FHx prostate cancer etc. • Appropriate investigations – voiding chart, MSU, BSL, EUC, (PSA – see below), consider USS • Risk factors for progression • Management options, both non-pharmacological and medication
<p>PRE-SESSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • Ask the GP registrar to undertake the Clinical Reasoning Challenge under exam conditions (7 minutes) and bring along to discuss
<p>TEACHING TIPS AND TRAPS</p> 	<ul style="list-style-type: none"> • LUTS is very common and many men are reluctant to discuss it • The IPSS is very useful in assessing initial symptoms, as well as the response to treatment • Not all men with LUTS have BPH, and not all men with BPH have LUTS • All patients with LUTS and haematuria need referral • Review the medication chart for drugs that may exacerbate LUTS e.g. diuretics • PSA testing should not be routine in the investigation of LUTS – see MJA article above • Urinary retention is uncommon in men with LUTS managed with watchful waiting • PSA falls in patients on 5ARIs - this requires appropriate interpretation in prostate cancer screening • There is no convincing evidence that herbal remedies are effective in the management of LUTS • Alpha-blockers alone are first line treatment for voiding LUTS and prostate <30mL
<p>RESOURCES</p> 	<p>Read</p> <ul style="list-style-type: none"> • AFP article - Lower urinary tract symptoms: current management in older men • MJA article (2011) - A practical approach to the management of lower urinary tract symptoms among men • Andrology Australia - http://www.andrologyaustralia.org • The Continence Foundation of Australia - http://www.continence.org.au
<p>FOLLOW UP/ EXTENSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • Visit a physio with a special interest in treatment of overactive bladder • Role play a patient with LUTS with both voiding and storage symptoms • NPS Radar Article (2011) - Dutasteride (Avodart) and dutasteride with tamsulosin (Duodart) for lower urinary tract symptoms due to benign prostatic hyperplasia



Lower Urinary Tract Symptoms (LUTS)

Clinical Reasoning Challenge

Jeremy is a 59 year old financial planner who presents with a six month history of slowly worsening urinary symptoms. He complains of a poor stream and dribbling at the end of urination. He gets up twice at night to pass urine.

PMHx – hypertension, Medication – Coversyl Plus 1 mane, Smokes – nil, ETOH – 10 std drinks/week

QUESTION 1. What other key features should be sought on history? List the most important features.

QUESTION 2. Further enquiry reveals no significant history. What examination would you perform? List the most important aspects.

QUESTION 3. Examination is within normal limits. What is the most likely diagnosis?

QUESTION 4. What tests would you order to investigate these symptoms? List as many tests as appropriate.

QUESTION 5. Jeremy returns a week later for the results of investigations, all of which are normal. He is keen to discuss management options. What broad approaches to management would you discuss?

Lower Urinary Tract Symptoms (LUTS)

ANSWERS

QUESTION 1

What other key features should be sought on history? List the most important features.

- Red flag symptoms e.g. haematuria, dysuria, pain, fevers, weight loss
- Family history of prostate cancer
- Effect on quality of life, concerns

QUESTION 2

Further enquiry reveals no significant history. What examination would you perform? List the most important aspects.

- Abdominal exam
- Genital exam
- PR exam
- Urinalysis

QUESTION 3

Examination is within normal limits. What is the most likely diagnosis?

- Lower urinary tract symptoms

QUESTION 4

What tests would you order to investigate these symptoms? List as many tests as appropriate.

- EUC
- MSU
- BSL
- Prostate ultrasound

QUESTION 5

Jeremy returns a week later for the results of investigations, all of which are normal. He is keen to discuss management options.

What broad approaches to management would you discuss?

- Watchful waiting
- Lifestyle modification (alcohol, coffee)
- Change diuretic to another agent
- Medication (alpha blockers, 5 alpha-reductase inhibitors)
- Complimentary medicine
- Referral to urologist for further investigations and consideration of surgery