






Lower Urinary Tract Symptoms (LUTS)

Lower urinary tract symptoms (LUTS) are very common (prevalence of approximately 50% of men aged over 70) and impact significantly on quality of life. However, symptoms are often not volunteered by patients and may require active case finding. LUTS affects both men and women, but the focus on this teaching plan is on LUTS in men. The majority of patients with LUTS can be managed in primary care and therefore registrars need to be confident in assessment and treatment.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • Nomenclature – ‘BPH’ vs ‘LUTS’ vs ‘prostatism’ vs ‘bladder outlet obstruction’ • Differentiation of ‘voiding’ and ‘storage’ symptoms • 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 • Risk factors for progression • Management options, including non-pharmacological, medication and surgical • Indication for referral and pathways 				
PRE- SESSION ACTIVITIES 	<ul style="list-style-type: none"> • Read the 2011 MJA article – A practical approach to the management of lower urinary tract symptoms among men 				
TEACHING TIPS AND TRAPS 	<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 				
RESOURCES 	<table border="1"> <tr> <td data-bbox="341 1742 432 1839">Read</td><td data-bbox="432 1742 1503 1839"> <ul style="list-style-type: none"> • 2018 Australian Prescriber article – Drugs for benign prostatic hypertrophy • Healthy Male (previously Andrology Australia) LUTS Guideline – Prostate Disease </td></tr> <tr> <td data-bbox="341 1839 432 1906">Listen</td><td data-bbox="432 1839 1503 1906"> <ul style="list-style-type: none"> • 2018 NPS Medicinewise podcast – Drugs for benign prostatic hypertrophy </td></tr> </table>	Read	<ul style="list-style-type: none"> • 2018 Australian Prescriber article – Drugs for benign prostatic hypertrophy • Healthy Male (previously Andrology Australia) LUTS Guideline – Prostate Disease 	Listen	<ul style="list-style-type: none"> • 2018 NPS Medicinewise podcast – Drugs for benign prostatic hypertrophy
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FOLLOW UP/ EXTENSION ACTIVITIES 	<ul style="list-style-type: none"> • Complete the clinical reasoning challenge and discuss with supervisor • Visit a physiotherapist with a special interest in pelvic floor exercises 				

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?

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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 secondary to benign prostatic hypertrophy

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)
- Referral to urologist for further investigations and consideration of surgery