Lower Urinary Tract Symptoms in Men Pathway

LUTS in middle aged / older men may be due to bladder outflow obstruction due to BPH (very common) or bladder disease (functional organic).

Early prostate cancer does not cause bladder outflow obstruction, symptoms usually due to coincidental BPH.

Use clinical judgement to guide treatment where patients have milder symptoms and/or do not fully fit one category.

Offer an antimuscarinic if patient has symptoms of overactive bladder

PSA testing (NICE)

Men should be offered information, advice and time to decide if they wish to have PSA testing if:
- their LUTS are suggestive of bladder outlet obstruction secondary to BPH or
- their prostate feels abnormal on DRE or
- they are concerned about prostate cancer

Prostate Size
<30g, small, walnut size
>30g enlarged

Risk factors for progression
Older age, increased prostate size & symptom severity at presentation, PSA >1.4ng/ml

DRE – prostate normal or enlarged only

No progression risk factors
No improvement, treatment unsuccessful or symptoms deteriorate

DRE suspicious
Persistent / Recurrent UTI with haematuria age >40
Non-visible haematuria age >40 (not trace)
PSA > age related range or rising
PSA should accompany referral if possible

Urgent Urology referral

LUTS: hesitancy, weak urine flow, dribbling, straining, frequency, urgency, nocturia, intermittency, incomplete emptying

Full history and examination
Check for palpable bladder
Digital Rectal Examination (DRE)
Review of current medication (diuretics?)
IPSS questionnaire
Urine dipstick and MSU to exclude UTI
Bloods: U&Es and glucose
Offer PSA where indicated - Give counselling

IPSS ≤ 7 (mild) Symptoms NOT bothersome
Prostate <30g No progression risk factors
Watchful Waiting Lifestyle advice Containment products if necessary Review any drug therapy Reassess annually Advise patient to return if symptoms deteriorate

IPSS ≥ 20 (severe)
IPSS 8-19 (moderate)
IPSS 7 (mild) Symptoms bothersome
Prostate <30g No progression risk factors
Prostate >30g Progression risk factors
Lifestyle advice Alpha blocker 5-alpha reductase inhibitor
Consider adding antimuscarinic if storage symptoms persist

Lifestyle advice
Consider 5-alpha reductase inhibitor
Prescribing advice

Prostate >30g Progression risk factors
Lifestyle advice
Alpha blocker 5-alpha reductase inhibitor
Prescribing advice

Review due Aug 2018

References
Camden CCG MMT  Prescribing advice for LUTS due to BPH, reviewed Oct 2014
Clinical contact for this pathway: Dr Sarah Morgan (sarah.morgan1@nhs.net)
Comments & enquiries relating to medication: CCG Medicines Management Team (mmt.camdenccg@nhs.net)
Refer to current BNF or SPC for full medicines information

NHS Camden Clinical Pathways Group & Medicines Management Committee August 2010
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