

# Lower Urinary Tract Symptoms (LUTS) in men Care Pathway

Tower Hamlets Adult Care Pathway: For use in Primary Care

January 2012



## Lower Urinary Tract Symptoms (LUTS) in men Care Pathway

**Background:** LUTS include storage, voiding and post-micturition symptoms. Bothersome LUTS are said to occur in up to 30% of men older than 65 years<sup>1</sup>. This is not surprising considering the great prevalence of benign prostatic hyperplasia (BPH), which is as high as in 40% of men in fifth decade, and can be in up to 90% of men in ninth decade<sup>2</sup>.

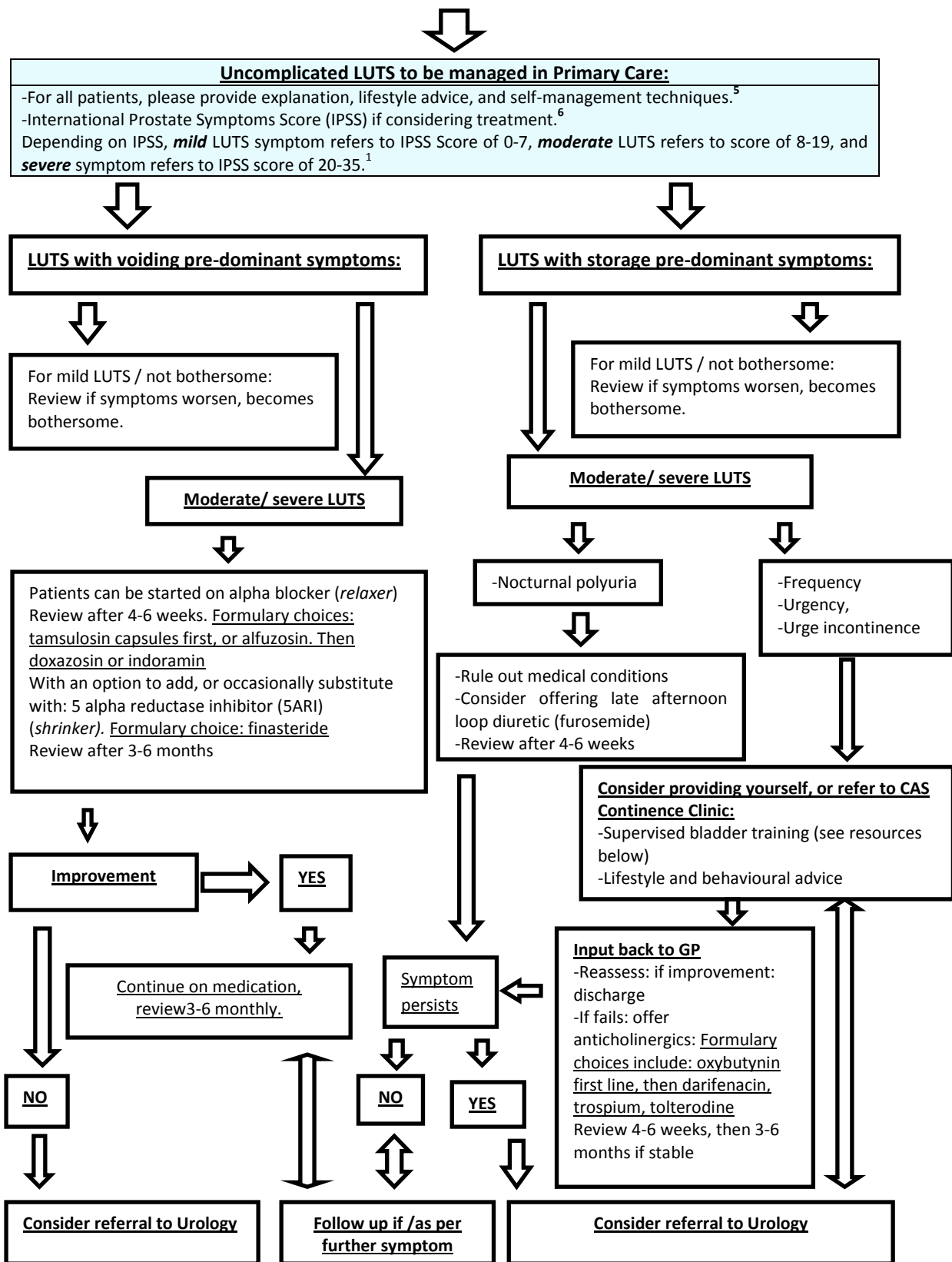
In the past, LUTS (in elderly men) were assumed to be directly or indirectly related to benign prostatic hyperplasia (BPH). Other conditions that can cause LUTS include detrusor muscle weakness or over-activity: overactive bladder syndrome (OAB), prostate inflammation (prostatitis), urinary tract infection, prostate cancer and neurological diseases<sup>1,2</sup>.

A recent audit of GP referrals to BLT found that patients with LUTS made up the highest number of referrals: 28% of the sample of referrals (2006)<sup>3</sup>.

<b>Voiding symptoms:</b> a) weak or intermittent urinary stream b) straining c) hesitancy d) terminal dribbling e) incomplete emptying	<b>Storage symptoms:</b> a) urgency b) frequency c) urge incontinence d) nocturnal polyuria	<b>Post-micturition symptoms:</b> Post-micturition dribbling: It is managed by advising the patient to empty the urethra by compression of perineum behind the scrotum (urethral milking).
---	---	---

<b>Initial assessment:</b>	<p><b>General Medical History:</b> conditions which need to be excluded i.e. diabetes, constipation, UTIs, diabetes insipidus, adrenal insufficiency, hypercalcaemia, liver failure, polyuric renal failure, chronic heart failure, obstructive apnoea, dependent oedema, pyelonephritis, chronic venous stasis, and sickle cell anaemia</p> <p><b>Review current medications:</b> including OTC medications, tricyclics, sympathomimetics, calcium channel blockers, diuretics and SSRIs</p> <p><b>Offer Physical Examination:</b> abdominal (palpable bladder), genital (phimosis), digital (prostate irregularities)</p> <p>At initial assessment, ask men with bothersome LUTS to complete <b>urinary frequency volume chart</b><sup>4</sup></p> <p><b>Investigations:</b> <b>Urine dipstick</b> to detect blood, glucose, protein, leucocytes and nitrites</p> <p>Offer men with LUTS information, advice and time to decide whether they wish to have <b>PSA testing</b> if:</p> <ul style="list-style-type: none"> <li>- LUTS suggestive of bladder outlet obstruction secondary to BPE</li> <li>- prostate feels abnormal on DRE</li> <li>- they are concerned about prostate cancer</li> </ul> <p>Check <b>serum creatinine and eGFR:</b> if palpable bladder, nocturnal enuresis, recurrent UTI, history of renal stone.</p>
----------------------------	--

Decision after initial assessment:	Urological suspected cancer: Follow NICE guidelines/ Local referral pathway.
	<p><b>Complicated LUTS:</b> Consider referral to Urology if:</p> <p>Suspected chronic urinary retention (UTI) or <i>More than one</i> episodes of UTI, with or without haematuria.</p> <p>Serum creatinine is elevated, there is history of renal stones or suspected stress incontinence.</p>
	<b>Uncomplicated LUTS:</b> Remaining majority of patients: Management in primary Care (see below).



## International Prostate Symptom Score (IPSS)

Name:

Date:

	Not at all	Less than 1 time in 5	Less than half the	About half the time	More than half the	Almost always	Your score
<b>Incomplete emptying</b> Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
<b>Frequency</b> Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
<b>Intermittency</b> Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
<b>Urgency</b> Over the last month, how difficult have you found it to postpone urination?	0	1	2	3	4	5	
<b>Weak stream</b> Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
<b>Straining</b> Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	

	None	1 time	2 times	3 times	4 times	5 times or more	Your score
<b>Nocturia</b> Over the past month, many times did you most typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	

<b>Total IPSS score</b>	
-------------------------	--

<b>Quality of life due to urinary symptoms</b>	Delighted	Pleased	Mostly satisfied	Mixed – about equally satisfied and dissatisfied	Mostly dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?	0	1	2	3	4	5	6

**Total score:** 0-7 Mildly symptomatic; 8-19 moderately symptomatic; 20-35 severely symptomatic.

## References and Resources:

NICE clinical guidance 97: May 2010.

1. Guidelines on the treatment of non-neurogenic male LUTS: European Association of Urology, March 2011
2. Audit of three months of GP Urology Referrals to Barts and the London NHS Trust Urology Department: Dr. Marcus Hassemer. (Based on a random sample of 100 GP referrals between October, November, December 2006).
3. During initial assessment: *urinary frequency volume chart* is available from:  
[http://www.cks.nhs.uk/luts\\_in\\_men\\_age\\_related\\_prostatism](http://www.cks.nhs.uk/luts_in_men_age_related_prostatism)  
Please follow the link, then  
> Management > Scenario: Initial assessment > Characterise the type of LUTS
4. For patient advice , a useful link is:  
<http://www.patient.co.uk/health/Lower-Urinary-Tract-Symptoms-in-Men.htm> or on Mentor Plus
5. IPSS: The form is available from:  
<http://www.cpcn.org/ipss.pdf>  
[http://www.usrf.org/questionnaires/AUA\\_SymptomScore.html](http://www.usrf.org/questionnaires/AUA_SymptomScore.html)
6. Link to Urge Incontinence and bladder training leaflet:  
<http://www.patient.co.uk/health/Urge-Incontinence.htm> also available on Mentor Plus

Another good resource for 'The overactive bladder and bladder retraining' information for patients is available from: <http://www.oxfordradcliffe.nhs.uk>

then please follow:

> For patients > Patient information leaflets > Gynaecology > (pdf) link to Bladder: the overactive bladder and bladder retraining, or directly at

<http://www.oxfordradcliffe.nhs.uk/forpatients/090427patientinfoleaflets/090928bladder.pdf>

This care pathway is not a full evidence based guideline and is aimed as a care pathway to guide referral decisions by Tower Hamlets GPs.

## Acknowledgements

Written by: Dr Arnab Bera (arnab.bera@nhs.net) with advice from Professor Chris Fowler (c.g.fowler@qmul.ac.uk), Dr Victoria Tzortziou Brown (victoria.tzortziou@nhs.net) and Dr Kambiz Boomla (k.boomla@qmul.ac.uk)



Clinical Effectiveness Group | Centre for Primary Care and Public Health | Blizard Institute  
Barts and The London School of Medicine and Dentistry | Yvonne Carter Building  
58 Turner Street | London E1 2AB | Phone: 020 7882 2553 | Fax: 020 7882 2552  
email: [ihse-ceg-admin@qmul.ac.uk](mailto:ihse-ceg-admin@qmul.ac.uk) | [www.icms.qmul.ac.uk/chs/ceg/](http://www.icms.qmul.ac.uk/chs/ceg/)