Male Lower Urinary Tract Symptoms (LUTS) Guideline V5.2

Last reviewed: 19/05/2022. Review date: 19/05/2025

Nottinghamshire Area Prescribing Committee

- Male LUTS consist of voiding symptoms, storage symptoms or both.
- **Storage symptoms** include frequency, nocturia, urgency and incontinence.
- Voiding symptoms include hesitancy, poor flow, intermittency, incomplete emptying and dribbling.

We have used the term "male", but this guidance also applies to people who have changed or are in

the process of changing gender and retain the relevant organs. **History** Prior prostate surgery Suspicion of cancer (urgent referral) Record of voiding and storage symptoms • Tight urethral meatus or foreskin Medical history including prior surgery • History of haematuria (urgent referral) Medication history • IPSS questionnaire if available Incontinence Persistent / recurrent UTI **Physical examination** • Digital rectal examination • Inspection of foreskin and urethral meatus **Refer to Urology** Satisfactory **Initial tests** Urine analysis (dipstick) Dipstick haematuria • Flow rate if available Post-void scan > 250mL • Elevated age-specific PSA* (urgent referral) - see Post-void bladder scan if available over for note on PSA & finasteride Consider blood tests including PSA Renal impairment thought to be due to lower Frequency volume chart if available urinary tract dysfunction

Initial management

- Exclude nocturnal polyuria from frequency-volume chart (see <u>Box 5</u>)
 - o calculate overnight urine output (includes first morning void)

Satisfactory

- o should be < 33% total daily urine output
- Urinary symptoms not affecting QoL may not need immediate intervention
- Characterise symptoms:
 - storage and/or voiding symptoms
 - severity (e.g. IPSS)

*Age-specific PSA level thresholds (ng/mL)

< 40 Clinical judgement

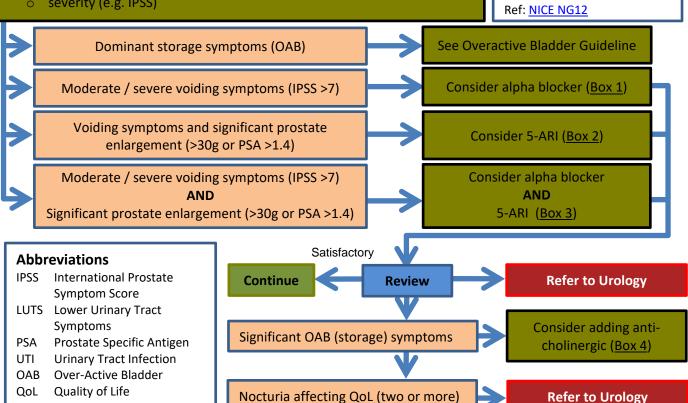
40-49 > 2.5

50-59 > 3.5

60-69 > 4.5

70-79 > 6.5

Clinical judgement > 79



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Box 1: Alpha-blockers

Common side effects: light-headedness, postural hypotension, retrograde ejaculation

Doxazosin 4 mg once daily (requires titration) ± 0.95 / 28d prescribe as standard release, not MR Tamsulosin MR 400 micrograms once daily ± 1.05 / 28d prescribe as capsules (tablets = ± 9.77)

Alfuzosin MR 10 mg once daily £11.68 / 28d prescribe as Besavar® XL (Besavar® XL= £4.31)

Review at 6 weeks

Box 2: 5-Alpha reductase inhibitors (5-ARI)

Common side effects: reduced libido, impotence

Finasteride** 5 mg once daily £1.05 / 28d

Dutasteride 500 micrograms once daily £2.03 / 28d

Review at 3-6 months

Box 3: Combination therapy (Alpha-blocker and 5-ARI) – doses as in boxes above

Finasteride** + doxazosin £2.00 / 28d combination product not available

Dutasteride / tamsulosin combination £1.89 / 28d prescribe generically (Combodart® is GREY = £18.48)

Review at 6 weeks, then 3-6 months

Box 4: Anti-cholinergics / OAB medicines

See **OAB guidelines** for full details

- Generic tolterodine, solifenacin, trospium or oxybutynin can be considered.
- Vibegron or mirabegron (beta-3 agonist) should be considered if:
 - o anticholinergics contraindicated,
 - o severe side-effects with anti-cholinergics
 - o when at least 2 anti-cholinergics not effective

Box 5: Nocturia and nocturnal polyuria

Consider nocturnal polyuria diagnosis where nocturia is a dominant symptom

- frequency volume chart to determine fluid input & urine output
- calculate overnight urine output (includes first morning void)
- should be < 33% total daily urine output

Investigate possible causes, for example:

- Check urine dipstick for glucose and blood sugar (BM stick)
- Check for ankle oedema and evidence of heart failure
- Check medications (e.g. diuretics taken in evening)
- Consider obstructive sleep apnoea

Possible management

- Fluid management (reduce evening fluid intake)
- Consider furosemide 40 mg taken 6 hours before bedtime
- Urologist or specialist continence nurse may recommend desmopressin (Noqdirna®) 50 micrograms (1 hour before bedtime) Amber 2

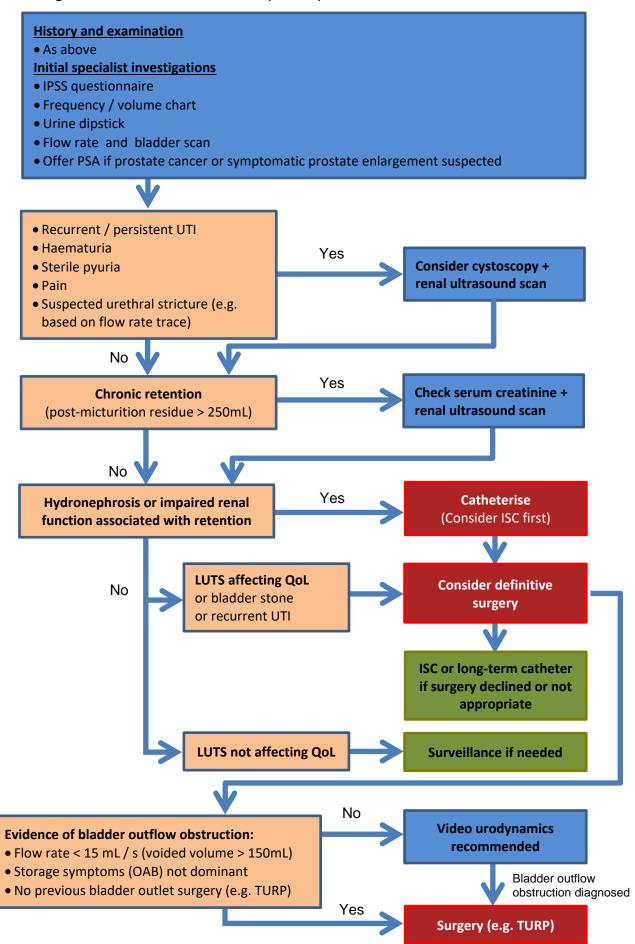
N.B. Tadalafil (Cialis®) is **not** recommended for the treatment of BPH (**non-formulary and GREY traffic lighted**)

^{**} Finasteride causes a decrease in Serum PSA concentrations by approximately 50% in patients with BPH even in the presence of prostate Cancer.



Specialist assessment:

Initial management should follow the above pathway



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References:

NICE CG97 - Lower urinary tract symptoms in men: management. Last updated 03 June 2015
NICE CG12 - Suspected cancer: recognition and referral. Last updated 15 December 2021
NHS BSA - Drug Tariff, April 2022