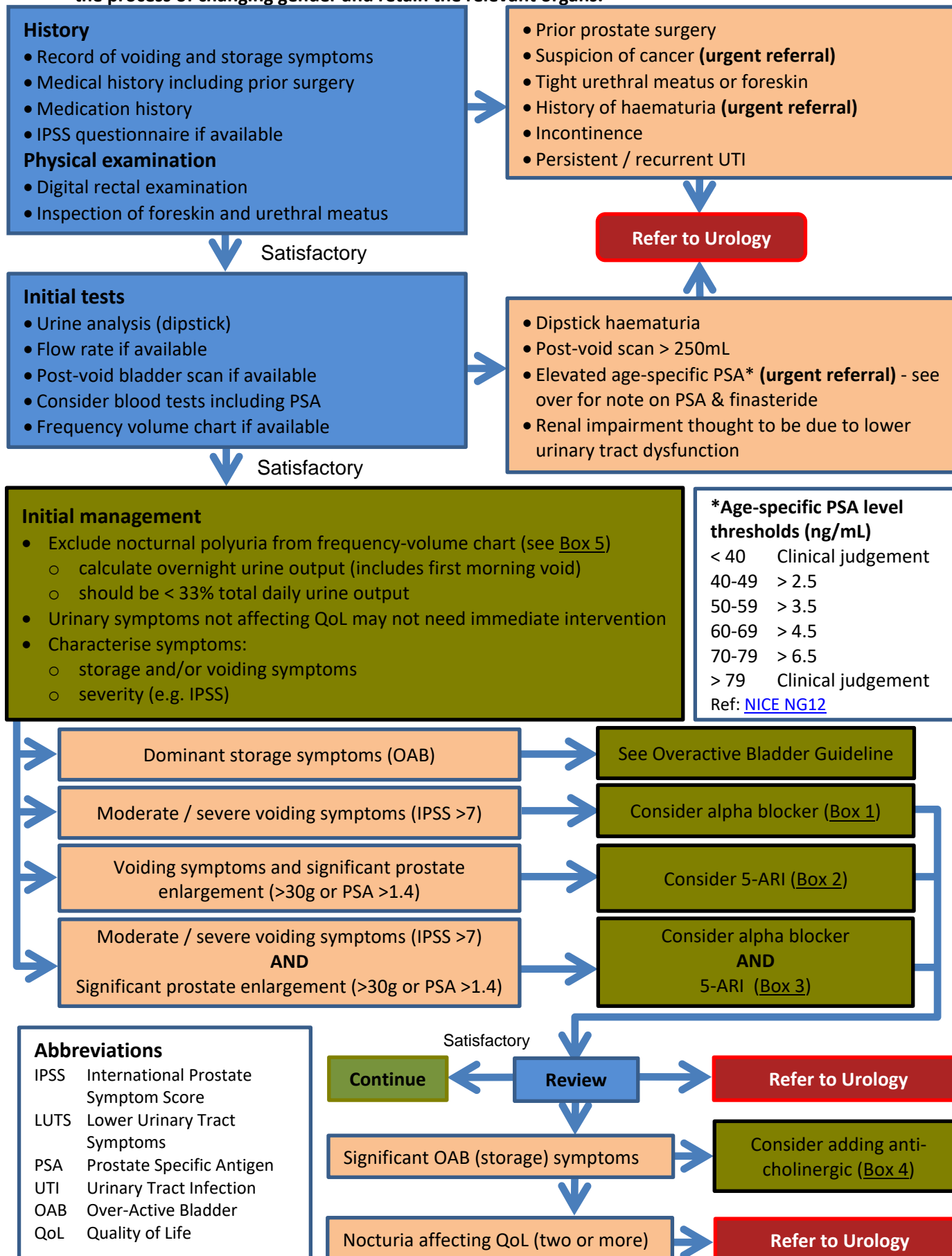


- **Male LUTS** consist of voiding symptoms, storage symptoms or both.
- **Storage symptoms** include frequency, nocturia, urgency and incontinence.
- **Voiding symptoms** include hesitancy, poor flow, intermittency, incomplete emptying and dribbling.
- **We have used the term “male”, but this guidance also applies to people who have changed or are in the process of changing gender and retain the relevant organs.**



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

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

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:
 - anticholinergics contraindicated,
 - severe side-effects with anti-cholinergics
 - 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

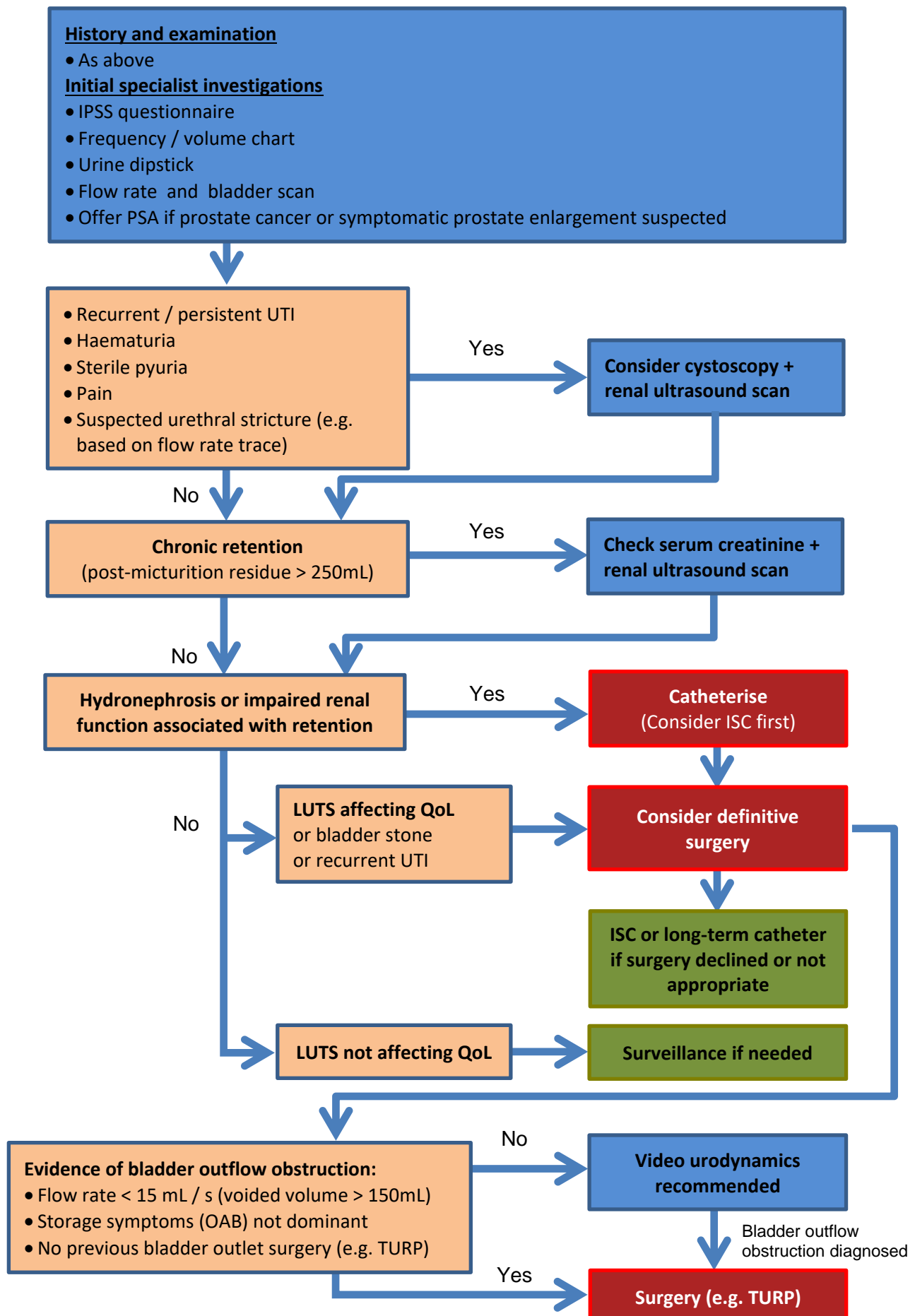
Possible management

- 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**)

Specialist assessment:

Initial management should follow the above pathway



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