

Management of Lower Urinary Tract symptoms in men (LUTS)

STORAGE symptoms

Suggestive of Overactive Bladder?

Offer conservative management for men with storage or voiding LUTS suggestive of OAB (see overleaf)

Principles of drug treatment

Take into account comorbidities and current treatment (including anticholinergic burden) when offering men drug treatment for LUTS. Offer drug treatment only to men with bothersome LUTS when conservative management options have been unsuccessful or are not appropriate.

Offer Anticholinergic treatment

1st line

- Oxybutinin (immediate release) OR Tolterodine (immediate release)

Alternative 1st line: (if ONCE daily preparation is required)

- Trospium (modified release) OR
- Darifenacin (modified release)

OR for patients unable to take oral medications

- Oxybutynin transdermal patch

2nd line

- Fesoterodine OR
- Trospium (immediate release) OR
- Tolterodine (modified release)

If above treatments contraindicated. not tolerated or not effective:

- Mirabegron

STORAGE or VOIDING symptoms

Men with moderate to severe LUTS ((which would correspond to an International Prostate Symptom score of 8 or more),?)

If the man has moderate-to-severe voiding/storage symptoms (which would correspond to an International Prostate Symptom score of 8 or more), offer an alpha-blocker

1st line

- Tamsulosin (modified-release OR doxazosin (immediate release)

2nd / 3rd line

- Terazosin
- Alfuzosin prolonged release

Consider offering an anticholinergic as well as an alpha blocker to men who still have storage symptoms after treatment with an alpha blocker alone.

If the man has bothersome moderate-to-severe voiding symptoms and prostatic enlargement, consider offering both an alpha-blocker and a 5-alpha reductase inhibitor.

Ratified by the Prescribing Clinical network – March 2018

Review date: March 2021 (or earlier if NICE (or other national guidance) is published.

<https://pathways.nice.org.uk/pathways/lower-urinary-tract-symptoms-in-men>

Recurrent acute retention or acute-on-chronic urinary retention

Immediately catheterise men with acute retentions (See NICE pathways (link below))

Offer alpha blockers to men for managing acute urinary retention before removal of the catheter.

1st line:

- Alfuzosin prolonged release

Benign prostatic hyperplasia (enlargement of the prostate gland)

If the man has an enlarged prostate and is considered to be at high risk of progression, offer a 5-alpha reductase inhibitor :

1st line:

- Dutasteride or finasteride

Refer men for specialist assessment if no response to conservative management or standard (GREEN) treatments above. (see overleaf)

Nocturnal Polyuria

Offer late afternoon loop diuretic to men with nocturnal polyuria

Furosemide OR bumetanide

Consider offering oral desmopressin (off label use) to men with nocturnal polyuria if other medical causes have been excluded and they have not benefited from other treatments

NICE PATHWAY (www.nice.org.uk) Men with lower urinary tract symptoms (LUTs)

<https://pathways.nice.org.uk/pathways/lower-urinary-tract-symptoms-in-men/lower-urinary-tract-symptoms-in-men-overview#content=view-node%3Anodes-conservative-management-for-voiding-symptoms&path=view%3A/pathways/lower-urinary-tract-symptoms-in-men/managing-lower-urinary-tract-symptoms-in-men.xml>

Storage symptoms

Non-pharmacological treatments

Offer men with storage LUTS suggestive of OAB supervised bladder training, advice on fluid intake, lifestyle advice and, if needed, containment products.
(see NICE pathway for managing lower urinary tract symptoms in men).

Voiding symptoms

Non-pharmacological treatments

Exclude or manage causes of voiding symptoms, if possible.

Offer the man a choice of first-line management options, including:

- Active surveillance — reassurance and lifestyle advice without immediate treatment, with regular follow up.
- Conservative management, e.g. pelvic floor muscle training, bladder training, prudent fluid intake, maintaining a healthy lifestyle, and containment products (see NICE pathway for managing lower urinary tract symptoms in men).

WHEN TO REFER?

Refer men for specialist assessment if they have lower urinary tract symptoms complicated by recurrent or persistent urinary tract infection, retention, renal impairment that is suspected to be caused by lower urinary tract dysfunction, or suspected urological cancer.

Refer for specialist assessment men with stress urinary incontinence.

Offer men referral for specialist assessment if they have bothersome LUTs that have not responded to conservative management or drug treatment.

BLACK recommendations from Prescribing Clinical Network (December 2017)

Anticholinergics:

The following anticholinergics are considered BLACK for the treatment of lower urinary tract symptoms in men as there are more cost effective treatment options available:

- **Propiverine (immediate release & modified release)**
- **Oxybutinin modified release**
- **Solifenacin**

The following treatment is considered BLACK because it not considered in NICE clinical knowledge summaries:

- **Flavoxate**

Combination treatments:

The following products are considered BLACK for the treatment of lower urinary tract symptoms in men as it is more cost effective to prescribe the separate products

- **Combodart® (dutasteride & tamsulosin)**
- **Vesomni® (tamsulosin & solifenacin)**

Alpha Blockers:

The following alpha blockers are considered BLACK:

- **Indoramin & Prazosin** - these two drugs were not considered as part of the NICE clinical guideline. (CG97)
- **Doxazosin (modified release)** - not considered to be a cost effective use of NHS resources and is included in the recently published NHS England 'Items which should not routinely be prescribed in primary care (November 2017)

Selective Serotonin & norepinephrine reuptake inhibitor (SSNRI)

Considered BLACK for the treatment of lower urinary tract symptoms in men as it was not considered as part of the NICE clinical guideline CG97

- **Duloxetine**

Phosphodiesterase-5 inhibitors:

The following PDE5 inhibitors are considered BLACK for the treatment of lower urinary tract symptoms in men except as part of a randomised controlled trial

- **Sildenafil**
- **Tadalafil**
- **Avenafil**
- **Vardenafil**