

# Male Lower Urinary Tract Symptoms



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## KEYWORDS

- Benign prostatic hypertrophy • Benign prostatic enlargement
- Lower urinary tract symptoms • Voiding dysfunction • Prostatic obstruction
- Bladder outlet obstruction • Bladder neck obstruction • Physician assistant

## KEY POINTS

- Symptoms often correlate with the location of the problem and guide medication choices.
- Prostate-specific antigen is a good proxy for prostatic size and guides medication choices.
- Lower urinary tract symptoms and erectile dysfunction are often comorbid conditions and both should be assessed at the initial visit and at all follow-ups. Medication choices can positively and negatively affect each condition.
- Specialty referral should be reserved for patients who have been thoroughly evaluated and medical management initiated with adequate time to respond to therapy. Exceptions are those with an abnormal initial evaluation: abnormal laboratory tests, abnormal physical examinations, or high index of suspicion for urethral stricture disease.

## INTRODUCTION

Lower urinary tract symptoms (LUTS) is a nonspecific term describing urinary symptoms that are classified as storage, voiding, or postmicturition symptoms as described by an international consensus conference.<sup>1</sup> The prevalence of male LUTS increases with age and negatively affects quality of life. Decompensation can present with acute urinary retention and renal failure and urinary incontinence, which is a leading cause of skilled nursing placement. LUTS and erectile dysfunction (ED) are comorbid conditions and should be assessed together at the initial visit and at follow-up visits.<sup>2,3</sup> The history, physical examination, and diagnostic studies are straightforward and medical therapy decisions should target the suspected cause (bladder vs outlet). Adequate time for response to therapy and medication titration are also important

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considerations when determining whether the patient has failed medical therapy and warrants specialty referral.

## EVALUATION OF LOWER URINARY TRACT SYMPTOMS

### History

An adequate urologic history is easily obtained with standardized questionnaires, but it is common for primary care to inadequately obtain a voiding history, erectile function history, or ask about urinary incontinence. The utility of standardized patient questionnaires in obtaining urinary and erectile function helps to establish a baseline with which to compare the response to therapy, in addition to severity and patient bother. The American Urological Association Symptom Index (AUASI) is the most widely used tool to obtain a urologic history (Table 1).<sup>4</sup> The International Prostate Symptom Score (IPSS) adds an eighth question referring to the patient's perceived quality of life: "If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?" and this is scored from 0 to 6 with 0 meaning delighted and 6 meaning terrible. Symptom severity is extrapolated based on the total score for questions 1 to 7: less than 8 is mild, 8 to 19 moderate, and greater than 19 is severe. Mild symptoms with normal examination are usually managed conservatively without medication.

Table 2 categorizes symptoms into storage, voiding, and postmicturition, which typically correspond with source of the problem: storage corresponds with bladder; voiding from bladder neck to meatus; and postmicturition can be mixed or other.<sup>1</sup> Predominant significant nocturia is defined as awakened 2 or more times per night to void. These patients should complete a frequency volume chart for 2 to 3 days. The frequency volume chart shows 24-hour polyuria or nocturnal polyuria when present,

**Table 1**  
American Urological Association symptom score

1. Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?
2. Over the past month, how often have you had to urinate again <2 h after you finished urinating?
3. Over the past month, how often have you found that you stopped and started again several times when you urinated?
4. Over the past month, how often have you found it difficult to postpone urination?
5. Over the past month, how often have you had a weak urinary stream?
6. Over the past month, how often have you had to push or strain to begin urination?
7. Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?

Scoring for questions 1–6

0 Indicates not at all; 1 indicates <1 in 5; 2 indicates less than half the time; 3 indicates about half the time; 4 indicates more than half the time; 5 indicates almost always.

Scoring for question 7

The number corresponds with the number of times you got up to urinate after going to bed for the night and the maximum score of 5 means you got up 5 times or more.

Interpretation	
Score	Severity
0–7	Mild
8–19	Moderate
20–35	Severe

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