



## Expected Practices

Specialty: Urology

Subject: Benign Prostatic Hyperplasia (BPH)

Date: October 10, 2014

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**Purpose:** To provide clinical guidance in the treatment of Benign Prostatic Hyperplasia.

**Target Audience:** Primary Care Providers (PCPs)

**Expected Practice:**

**History:** Query about decreased force of stream, stream starts and stops, feeling of incomplete voiding, urinary frequency and urgency, nocturia. To rule out UTI, ask about dysuria. Also ask about hematuria and family history of prostate cancer.

**Physical Exam:** Digital Rectal Exam (DRE) - assess if enlarged or if nodules or induration.

**Labs:** Urinalysis (urine culture if UTI suggested on urinalysis), PSA (note: obtain PSA since patient may be symptomatic from prostate cancer).

**Post Void Residual (if available):** If urinary symptoms are severe a post-void residual by catheterization or bladder ultrasound will rule out urinary retention.

**Other:** American Urological Association (AUA) symptom score or International Prostate Symptom Score (IPSS) as a baseline.

**Treatment:**

- If most bothersome symptoms are frequency/urgency/nocturia, determine if patient has high fluid or alcohol/caffeine intake and recommend decreased intake.

This *Expected Practice* was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.

- If not hypotensive, titrate with alpha blocker: terazosin from 2mg to 5mg or 10mg PO QHS (10mg preferred dose if patient can tolerate) and reassess symptoms in 6 weeks. Recommended titration intervals of 1 dose per week as tolerated.
- Alternative is tamsulosin 0.4 mg PO QHS (no need to titrate) or doxazosin 8 mg PO QHS (titrate starting at 2 mg).

**Submit eConsult to Urology** if urinary symptoms still persist on alpha blocker and if symptoms are bothersome enough to patient that he wishes to consider surgical treatment. Also refer to Urology if any of the following criteria are met: urinary retention, obstructive uropathy, recurrent culture-proven UTI.

Note: If urinary retention, place catheter, titrate to 10mg terazosin or increase tamsulosin to 0.8 mg over 2weeks, and follow-up in 2 weeks for a voiding trial.

To perform a voiding trial, insert normal saline into the bladder under gravity. In a typical adult, this will be ~300 cc of normal saline. Record how much saline was inserted. Then, remove foley catheter, and measure how much the patient was able to void. If the voided volume is >50% of the inserted volume, the patient has passed the voiding trial and can be sent home without a foley catheter, with ER return precautions.

# AUA BPH Symptom Score Questionnaire

Patient Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Date completed \_\_\_\_\_

	Not at All	Less than 1 in 5 Times	Less than Half the Time	About Half the Time	More than Half the Time	Almost Always	Your score
1. Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5	
2. 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	
3. Over the past month, how often have you stopped and started again several times when you urinated?	0	1	2	3	4	5	
4. Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	
5. Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
6. Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
	<b>None</b>	<b>1 Time</b>	<b>2 Times</b>	<b>3 Times</b>	<b>4 Times</b>	<b>5 or More</b>	
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?	0	1	2	3	4	5+	
<b>Total Symptom Score</b>							

**Score:**      1-7: *Mild*                      8-19: *Moderate*                      20-35: *Severe*

The possible total runs from 0 to 35 points with higher scores indicating more severe symptoms. Scores less than seven are considered mild and generally do not warrant treatment.

**Disclaimer: This material is provided for information purposes only and is not a substitute for a consultation. You should consult with a urologist regarding your specific symptoms or medical condition.**