



Home Study Activity With Podcasts

Clinical Decision Points:
Profiles in Patient Care for Nurse Practitioners and Physician Assistants
Based on a Series of National CME/CE Symposia

Q&A: LUTS/BPH

What Your Colleagues Around the Country Want to Know...

Q: Is getting up at night to urinate ever “normal”?

A: The concept of normal in the context of lower urinary tract symptoms (LUTS) is important for the clinician to both understand and be able to clearly communicate to the patient. It is also important to distinguish between normal and acceptable for an individual patient. It typically is not considered normal for an individual to wake up at night to void his or her bladder. The reason for this urination is important to clarify; is it a behavioral or medical reason? Volume of urination is the main consideration here. If a patient is voiding at least 300 to 500 mL at each void at night, the patient's liquid consumption and diuretics should be checked and most often can be addressed with behavior modification. If the amount the patient is voiding is smaller, there may be a medical reason and the bladder and prostate should be checked. The correct response to this question is, “No, it is not considered normal for a patient to get up at night to urinate.”

Experiencing nocturia, however, does not necessarily mean that intervention always is required. A patient may be waking regularly once a night to urinate, but has no other urinary symptoms, is not diabetic, and has normal fluid intake. What if this patient is accustomed to this nightly ritual and is not terribly bothered by this interruption? One may probe further by asking about quality of sleep, mood and social interactions, work productivity, etc. Although nocturia is not considered a normal occurrence, if ultimately no significant issues or bother associated with this symptom are detected, it can be considered acceptable for this patient. Watchful waiting, holding off on medical intervention or therapy while keeping a watchful eye on the patient, may be an acceptable approach to take with this patient.



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Other components of normal bladder function for men include:

- A strong stream or arc when urinating. This may be communicated to patients by asking, "Would you be able to maintain a strong steady arc during a good portion of the void?"
- The volume of a void should not be less than 10 to 12 oz, approximately the volume of a soda can
- There should not be any dribbling after voiding, and the patient should feel as though he has emptied his bladder completely
- The patient should not experience leaks or have accidents before finding a restroom or when coughing or laughing, etc

How frequently urination occurs during the day and still be considered normal is a tricky issue. There is no set rule for this, but if a patient can control his bladder effectively until an appropriate time and urinates an adequate volume each time he voids, even quite frequent urination may be considered medically normal.

Q: What is appropriate treatment for a male patient with LUTS who is taking hypertension medication?

A: All α_1 -adrenergic blockers can have an effect on blood pressure and may lead to potential postural/orthostatic hypotension or syncope. These side effects, which tend to be more pronounced with the first dose, should be clearly explained to all patients. Specific cardiovascular effects or interactions with other hypertension medications are more of a concern with non-uroselective α_1 -adrenergic blockers, as they have a greater impact on receptors in the vasculature. Clinicians should refer to the package insert for non-uroselective α_1 -adrenergic blockers if they are to be used with patients being treated for hypertension. For the uroselective products in this class, alfuzosin and tamsulosin, it typically is not necessary to make dose adjustments. When initiating any therapy, however, one should be watchful for any potential drug interactions that may occur.



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Q: When should postvoid residual (PVR) be a concern?

A: PVR is a measurement of the urine left in the bladder after voiding. Some patients with high PVR levels may experience urinary retention. Urinary retention typically is measured by use of a bladder-scan ultrasound or by catheterization. Although bladder-scan ultrasound is the preferred tool and is a simple procedure, the equipment is not available to all clinicians. It is important to measure a man's PVR when an overactive bladder component to LUTS is suspected and before initiating antimuscarinic therapy. Based on the Rosenberg et al 2007 algorithm,¹ a very conservative threshold for PVR treatment is to proceed if the PVR is >50 cc; below this threshold there is little chance for the patient to enter retention. If you are considering the use of antimuscarinics in a male patient, this often can be done in an imaging lab, local hospital or institution, or urologist's office.

Reference

1. Rosenberg MT, Staskin DR, Kaplan SA, MacDiarmid SA, Newman DK, Ohl DA. A practical guide to the evaluation and treatment of male lower urinary tract symptoms in the primary care setting. *Int J Clin Pract.* 2007;61:1535-1546.