

Sarah McNeil – March 27 – BPH review

**HCM:** I'm always curious about what to include in a HCM visit. PMHx; Vitals, PE; HgbA1C, fasting lipids; Colonoscopy; Vaccines seem to be the agreed-upon basics. And we've learned again and again that prostate cancer SCREENING is OUT:

Just as a reminder: 16% of all men develop prostate cancer, but the risk of dying from prostate cancer is only 2.8%, so the USPSTF recommends AGAINST using PSA to screen for prostate cancer – Grade D recommendation. (RCTs not available for digital rectal exams)

No change based on race OR family history

**But what about BPH symptoms** (increased urinary frequency, hesitancy, weak stream, urgency)?

**First**, review PMHx and medications, get thorough history, and PE (including DRE)

And think of a **differential**: BPH, overactive bladder, poorly controlled diabetes, neurologic disorders, UTI, medications (diuretics, anticholinergics, antidepressants), and lifestyle (caffeine, alcohol, excessive fluid intake)

**Then a work up:** DRE (no masses/nodules, non-tender), bedside ultrasound (post void residual), urinary diary (frequency and volume), U/A, creatinine.

International Prostate Symptom Scale: sx categorized as mild (<8), moderate (8-19) and severe (30-35)  
Decision to treat pharmacologically is influenced by how symptoms affect lifestyle, adverse effects of treatment and potential benefit. (Four point change in IPSS shows clinical improvement)

#### **Pharmacologic treatment:**

Drugstore.com: 30-days of tamsulosin 0.4mg is \$123, finasteride 5mg is \$40, doxazosin 4mg is \$22, dutasteride is \$129, and terazosin 5mg is \$14. **CCHP formulary**: doxazosin, terazosin, tamsulosin

Alpha antagonists: tamsulosin (Flomax), terazosin (Hytrin), doxazosin (Cardura) – **first line treatment**

Relax prostate and bladder smooth muscle; do not affect prostate volume size; therefore do not alter disease progression

All have similar (high) efficacy; well-tolerated. Need to titrate up dose.

Improvement should be noticed within 48hr, but maximal effect after ~1month

SE: hypotension, dizziness, headache, somnolence

Terazosin and doxazosin need to titration 2/2 to potential for orthostasis

5-alpha reductase inhibitors: finasteride (Proscar), dutasteride (Avodart) – second line

Decrease the production of DHEA (which induces BPH) -> reduce prostate volume (prevent progression so best for patients at risk of urinary retention)

Can take up to 6 months to improve symptoms; can reduce prostate volume by 20-30%

No significant difference between the two. No titration needed.

SE: erectile dysfunction, reduced libido, ejaculatory disorders, gynecomastia, breast tenderness

When to refer to urology: obstruction, new onset incontinence, hematuria, dysuria, recurrent UTIs.

References: Yale curriculum, Up to date (IPSS), drugstore.com, CCHP formulary