

## USE OF THE DRE IN MALE CONTINENCE/LUTS ASSESSMENT; A DYING ART? DATA FROM A NATIONAL AUDIT

### Hypothesis / aims of study

Assessment of prostate size is important in the assessment of men presenting with lower urinary tract symptoms (LUTS). This will aid the exclusion of treatable associated conditions such as the detection of prostate cancer or faecal loading and additionally assessment of prostate size will guide practitioners in subsequent management. A digital rectal examination (DRE) is recommended for all men with bothersome LUTS in recent UK national guidelines. This study assessed to what extent this guideline was adhered to in a baseline assessment as part of a national audit of continence care for adult men.

### Study design, materials and methods

Data collection forms regarding documented patient assessment and management were aligned to draft NICE guidance for male LUTS and developed into web based forms. All NHS trusts, (England, Wales, Northern Ireland, Channel Islands) were eligible to participate and were invited to do so. Each participating NHS site was asked to return data on the documented care of 25 patients under 65 and 25 patients over 65 years of age with urinary incontinence / LUTS. Patients were suitable if they had incontinence (current or prior), were aged 18 or over; if sufficient time had elapsed to allow assessment and formulation of a management plan; and if present, a catheter was inserted for urinary incontinence rather than retention. Hospitals were asked to sample from current or previous inpatients or outpatients and primary care organisations were asked to sample patients from a single practice. All submitted data were anonymous and access to the web-tool was password-protected for confidentiality. Where comparisons between age groups (<65 and ≥65y) were made, either Fisher's exact test or the Chi-squared test were used as appropriate. In accordance with current guidance, no ethical committee review was required for the conduct of this project.

### Results

Data were returned by 80% (128/161) acute and 52% (75/144) primary care trusts in England and 71% (10/14) combined trusts from Northern Ireland, Wales and the Channel Islands. Data on 599 men <65 (younger) and 1271 men 65+ (older) in hospital care (HC) and 445 younger men and 826 older men in primary care from 213 National Health Service care providers in England and Wales were analysed. The mean (SD) age of the younger men was 49 (11) years and of the older men 80 (9) years.

In hospitals a DRE was performed as part of the initial assessment in 32.2% (180/559) younger men and 29.3% (373/1271) older men. In primary care 28.8% (128/445) younger men and 26.4% (218/826) older men had a DRE. Documented indications are shown in table 1.

When a focused assessment was performed, a DRE was done in hospitals in 53.7% (300/559) younger and 50.0% (636/1271) older men. In primary care, this was done in 29.7% (132/445) younger men and 28.7% (237/826) older men. Details of clinicians documented as performing these assessments are shown in table 2.

	Hospitals		Primary care	
	<65y N = 559, %, (n)	65+y N = 1271 %, (n)	<65y N = 445 %, (n)	65+y N = 826 %, (n)
Constipation	17.2 (96)	23.8 (302)	10.1 (45)	14.4 (119)
Voiding difficulty	33.8 (189)	25.1 (319)	19.1 (85)	16.7 (138)
Urinary retention	25.0 (140)	23.4 (297)	12.8 (57)	11.3 (93)
Not documented	38.8 (21.7)	41.1 (523)	58.4 (260)	59.1 (488)

Table 1. Documented indications for digital rectal examination

	Hospitals		Primary care	
	<65y N = 443 %, (n)	65+y N = 897 %, (n)	<65y N = 262 %, (n)	65+y N = 403 %, (n)
Geriatrician	4.1 (18)	79.4 (712)	0	7.7 (31)
GP	6.5 (29)	4.3 (39)	30.2 (79)	32.5 (131)
Nurse	22.1 (98)	15.3 (157)	54.6 (143)	41.4 (167)
Hospital ward doctor	34.3 (152)	47.4 (425)	9.5 (25)	20.6 (83)
urologist	54.1 (284)	47.7 (428)	31.9 (83)	34.0 (137)

Table 2. Documented clinicians performing DRE as part of focused assessment

### Interpretation of results

The utilization of the DRE in assessment of male LUTS, both as part of initial and focused assessment appears to be lower than might be expected. This suggests that subsequent management may be suboptimal and that co-existing underlying factors may be being missed. In the UK, nurses are able to undertake DRE to exclude faecal impaction, but are not trained on how to assess the prostate unless they are continence specialists. During the consultation phase of the NICE guideline [1], general practitioners considered that they did not have the necessary competence to perform a DRE and would require training to do so.

### Concluding message

The utilization of the DRE in assessment of male LUTS, both as part of initial and focused assessment is low. A planned programme of training needs to be undertaken to ensure that, where relevant this is performed for all men with bothersome LUTS.

### References

1. Management of lower urinary tract symptoms in men,. Clinical guideline 97, NICE 2010

<b><i>Specify source of funding or grant</i></b>	<b>Health Care Quality Improvement Partnership funded the study</b>
<b><i>Is this a clinical trial?</i></b>	<b>No</b>
<b><i>What were the subjects in the study?</i></b>	<b>HUMAN</b>
<b><i>Was this study approved by an ethics committee?</i></b>	<b>No</b>
<b><i>This study did not require ethics committee approval because</i></b>	<b>in accordance with national guidance for this type of project</b>
<b><i>Was the Declaration of Helsinki followed?</i></b>	<b>Yes</b>
<b><i>Was informed consent obtained from the patients?</i></b>	<b>No</b>