

MANAGEMENT OF MALE LOWER URINARY TRACT SYMPTOMS: ABILITY TO CORRECTLY IDENTIFY AND CONSEQUENCES OF INCORRECT CONSUMER DECISION

Hypothesis / aims of study

Lower urinary tract symptoms attributed to benign prostatic hyperplasia (LUTS/BPH) are common in adult men and considerably affect their quality of life. This study evaluated whether consumers interested in an over-the-counter (OTC) medication to self-manage male LUTS can correctly identify their symptoms as LUTS/BPH. Further, this study assessed the consequences of incorrect self-management decisions.

Study design, materials and methods

Men who believed that an OTC product would be suitable for self-managing their LUTS underwent urine dipstick testing and completed the AUA Symptom Index (AUA-SI). Urologic assessment was conducted for the following: men < 45 years; men ≥ 45 years reporting symptoms listed on the OTC label as reasons not to use the product; or were found to have a trace or more of glucose, leukocyte and/or blood in their urine; or had an AUA-SI score ≥ 20.

Results

Of the 1274 men who self-selected and had a urine dipstick performed, 99.8% (1271) reported ≥ 1 LUTS. The most common baseline medical conditions were hypertension (584; 45.8%) and high cholesterol (464; 36.4%). For 47.6% (607) of men, LUTS were present for >3 years. The mean AUA-SI score was 18.9. Urine dipstick results were positive in 266 men. In total, 729 men underwent urologic assessment: 517 (70.9%) had urologist-confirmed LUTS/BPH; 200 (27.4%) did not. In men without LUTS/BPH, only 117 (16.0%) had a condition identified as causing urinary symptoms, most commonly overactive bladder (34; 4.7%), neurogenic voiding dysfunction (19; 2.6%), and prostatitis (14; 1.9%). Newly diagnosed medically significant conditions (MSC) causing or contributing to LUTS were identified in 21 (2.9%) men (Table).

Interpretation of results

Most men cope with LUTS for many years. This study shows that most men can correctly recognize LUTS/BPH. For those who incorrectly self-identify their LUTS as LUTS/BPH, the potential risk of harm due to missed or delayed diagnosis of MSC is limited, as the incidence of MSC is low and most of these conditions cannot be masked by BPH medication.

Concluding message

An OTC option will help men stop ignoring and start treating their lower urinary tract symptoms earlier.

Table

	Men < 45 years	Men ≥ 45 years*	Total
Men who underwent urological assessment, n (%)	112 (100.0)	617 (100.0)	729 (100.0)
Men without LUTS/BPH	82 (73.2)	118 (19.1)	200 (27.4)
Men with newly diagnosed MSC	5 (4.5)	16 (2.6)	21 (2.9)
Bladder tumor, NOS	0 (0.0)	3 (0.5)	3 (0.4)
Diabetes mellitus	1 (0.9)	1 (0.2)	2 (0.3)
Hypertension	1 (0.9)	0 (0.0)	1 (0.1)
Prostate cancer	0 (0.0)	6 (1.0)	6 (0.8)
Prostate tumor of uncertain behavior	0 (0.0)	2 (0.3)	2 (0.3)
Renal tumor, NOS	1 (0.9)	0 (0.0)	1 (0.1)
Urinary incontinence	0 (0.0)	1 (0.2)	1 (0.1)
Urinary retention	0 (0.0)	1 (0.2)	1 (0.1)
Urinary tract infection	0 (0.0)	1 (0.2)	1 (0.1)
Urolithiasis	2 (1.8)	1 (0.2)	3 (0.4)

MSC, medically significant conditions; NOS, not otherwise specified

*Had symptoms listed on the OTC label as reasons to not use the product; or had a trace or more of glucose, leukocyte and/or blood in their urine; or had an AUA-SI score ≥ 20

Disclosures

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