Evidence against consensus: What should be the components of a new online self-management program for men with uncomplicated LUTS?

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Introduction

Lifestyle changes and self-management are advocated in The EAU guideline *Management of Non-Neurogenic Male LUTS*, based on one study (BMJ 2007; 334:25). The content of the self management program in that study was not evidence based, and contained no personalized approach, which has been shown to be preferred for effective symptom relievement (Urology 2012; 80:684).

Aim

To develop an online intervention with personalized lifestyle and self-management advices, based on scientific literature and the opinion of urologists and general practitioners (GPs).

Methods

Design: scoping review, and a survey among GPs and urologists.

Scoping review

- Search in pubmed till January 2017
- Search terms related to LUTS, self-care, self-management and lifestyle
- Identify components SM program
- New search per component for scientific evidence

Survey

- Per component overview scientific evidence
- Question if the component should be used in a new SM program
- Question if the component should be given to all patients or a subgroup
- End question, is there a component missing

Population: Dutch urologists (in training) and GPs (in training).

Procedure: Online survey with invitations per mail.

Results

Scoping review

- 48 of the 828 publications included
- 9 components identified
- New search for evidence per specific component yielded 31 publications

Table 1. Number of publications for each possible component of a self-management program.

Component	Intervention studies	observational or indirect comparison studies	Part of combined intervention	guidelines
Information and education	1	1	2	5
PFMT	2	0	6	4
Bladder training	0	1	6	5
Urethral millking	1	0	2	3
Double voiding	0	0	2	3
Caffeine management	1	3	4	4
Alcohol management	0	4	3	4
Fluid management	0	1	5	6
Exercise advice	0	4	0	4

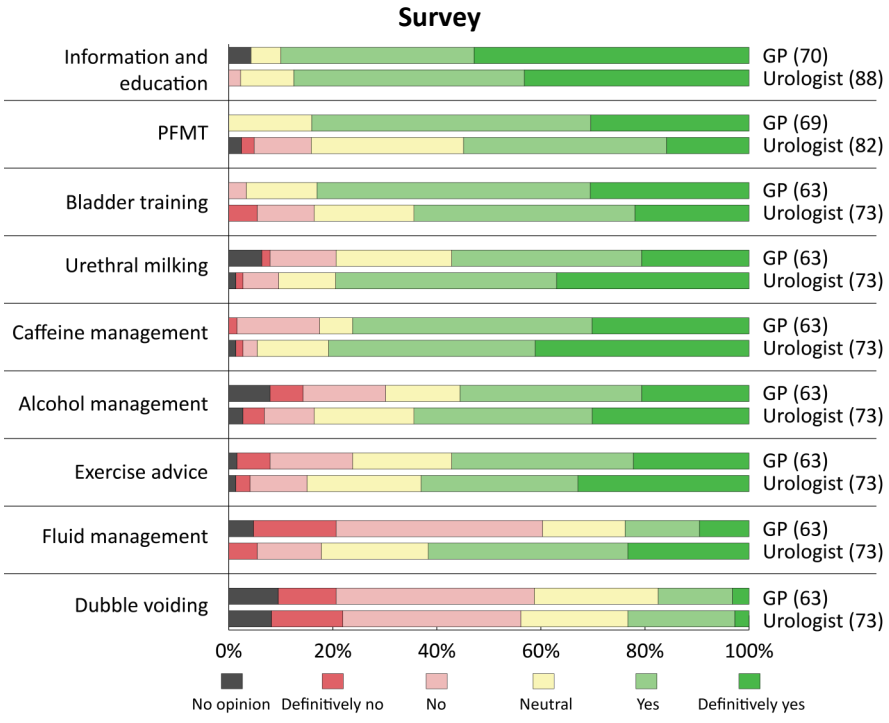

Figure 1. GP and urologist responses for the inclusion of each component in a self-management program.

- Majority of physicians: information and education, caffeine, alcohol and fluid management should be given to each patient with LUTS.
- 50% of the physicians: other components only to a specific subgroup
- 34% missed a component, most commonly voiding position
  - A review showed no difference between standing and sitting however (PloS ONE 2014; 9:e101320)

Conclusion

- There is little evidence for the separate components of self-management for patients with LUTS.
- Physicians still advocate a majority of the components to be included in a new self-management program.
- A majority of the components should only be given to a specific subgroup of the patients, supporting the provision of personalized care.

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