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

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

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

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

Procedure: Online survey with invitations per mail.

Results

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

<table>
<thead>
<tr>
<th>Component</th>
<th>Intervention studies</th>
<th>Observational or indirect comparison studies</th>
<th>Part of combined intervention guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information and education</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>PFMT</td>
<td>2</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Bladder training</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Urethral milking</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Double voiding</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Caffeine management</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Alcohol management</td>
<td>0</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Fluid management</td>
<td>0</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Exercise advice</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

Survey

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.