



ICS Consensus: Assessment of patients with lower urinary tract symptoms where an undiagnosed neurological disease is suspected

Lower urinary tract symptoms (LUTS) are highly prevalent and a major cause of referral to urologists. The majority are standard situations, such as overactive bladder or benign prostate enlargement. LUTS are also a significant contributor to the impact of neurological disease (1). For most people with neurological disease, it will be diagnosed prior to contact with a urologist. However, there are some neurological conditions where LUTS can be an early feature in the disease progression. In some cases, this can mean LUTS are present, but the underlying neurological mechanism has not yet become evident.

Accordingly, urologists need to be able to identify patients for whom a referral to assess LUTS needs additional consideration to exclude an undiagnosed neurological disease. Practitioners need to remain alert to subtle features that should be further explored. It is important to identify a neurological mechanism for several reasons;

- To avoid adverse outcomes of urological intervention
- To minimise disease progression of the neurological condition by obtaining specialist input to disease management
- For patients to adapt their life according to prognosis.

Outline/Scope of proposal:

A consensus group of urologists, neuro-urologists and neurologists will be convened to make recommendations for urologists or gynaecologists treating patients with LUTS for whom an undiagnosed neurological disease could be the basis. A series of iterative consultations will be undertaken to discuss two key issues:

1. Which neurological conditions may include LUTS as an early feature?
2. What diagnostic evaluations should be undertaken in the urology clinic, and which should be left to specialist expertise?

Once the key conditions have been proposed by expert consensus, the ICS membership will be invited to contribute by open consultation as per the requirements of Rosier et al.

Aims and Objectives:

To agree:

1. Relevant neurological conditions may include LUTS as an early feature
2. Suitable diagnostic evaluations and referral indications

Target Audience: All healthcare professionals with responsibility for treating LUTS

Timelines

The working group should target to produce the report within 18 months, but with an absolute maximum of 3 years from commencement.