

Lower urinary tract symptoms

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Rationale

Lower urinary tract symptoms (LUTS), which can include urinary incontinence or urinary retention with or without obstruction, are common in men and women of all ages. The prevalence and severity of LUTS increase with age and they are a major burden for the aging population in particular. Although LUTS do not usually cause severe illness, they are a common reason for seeking medical care, can considerably reduce quality of life, and may point to serious pathology of the urogenital tract.

Causal Conditions

(list not exhaustive)

- Infections and inflammation (e.g., cystitis, prostatitis)
- Structural (e.g., stones, prolapse, benign prostatic hypertrophy, post-pregnancy pelvic floor changes)
- Medical conditions (e.g., diabetes mellitus, multiple sclerosis)
- Drugs (e.g., anticholinergics, opioids)

Key Objectives

Given a patient with LUTS, the candidate will diagnose the cause, severity, predisposing conditions, and complications, and will construct an appropriate initial management plan.

Enabling Objectives

Given a patient with LUTS, the candidate will

- list and interpret critical clinical findings, including those based on

- a. the determination as to which LUTS are present (e.g., storage, voiding, and post-micturition symptoms), including their time course, severity, and impact on quality of life;
 - b. the identification of possible causes and associated co-morbidities through a proper assessment of the patient's general medical history;
 - c. the use of medication, including herbal and over-the-counter medicines;
 - d. the presence or absence of systemic and uremic symptoms;
 - e. a physical examination that is appropriately guided by the urological symptoms and other medical conditions (e.g., abdomen, pelvic exam, digital rectal exam);
- recognize that appropriate initial investigations vary depending on the individual presentation, and list and interpret possible critical clinical investigations, including
 - a. laboratory (e.g., renal function, urinalysis, culture);
 - b. imaging (e.g., ultrasound, computed tomography);
 - construct an effective initial management plan, including
 - a. determining whether conservative management is appropriate in this case;
 - b. appropriate pharmacotherapy;
 - c. immediate bladder catheterization, if indicated;
 - d. appropriate counselling and use of screening measures (e.g., prostate specific antigen [PSA]);
 - e. assessing the psychosocial impact (e.g., urinary incontinence);
 - f. determination as to whether urgent and/or specialized care is required.