

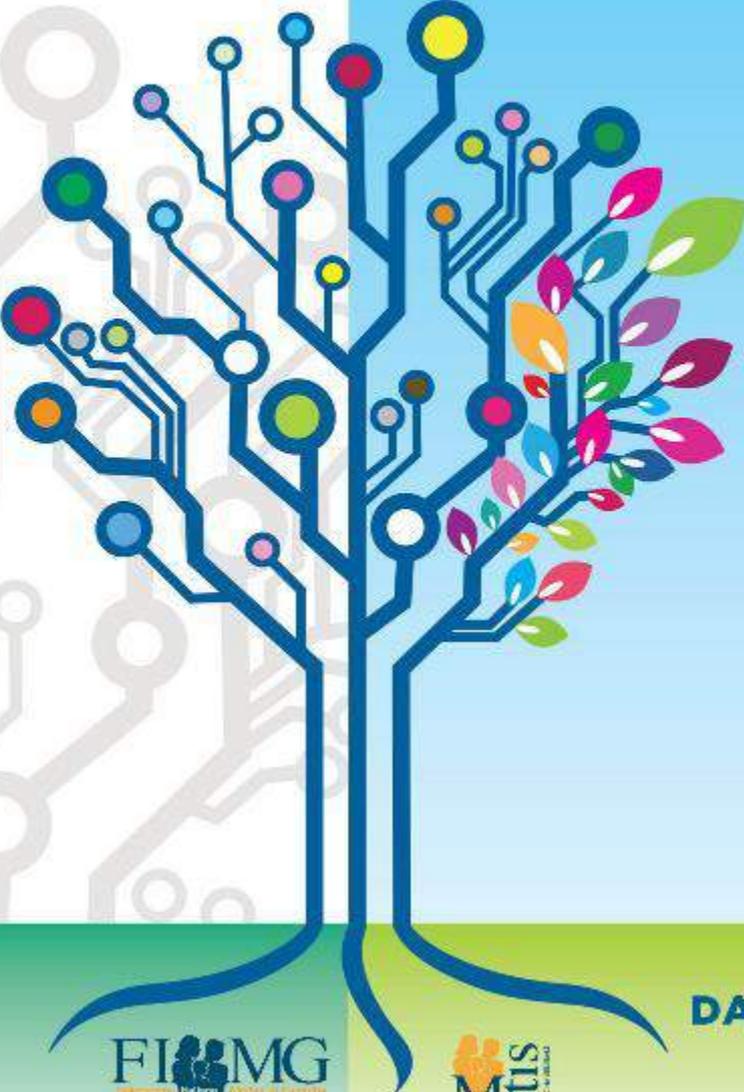
I LUTS (Lower Urinary Tract Symptoms): non solo iperplasia prostatica. Dalla gestione medica al trattamento chirurgico del disturbo

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ISTITUTO DELLE
FIGLIE DI SAN CAMILLO

74° Congresso Nazionale
2-7 ottobre 2017



Epidemiologia e fisiopatologia dei LUTS

Dr. Francesco MIRAGLIA

L.U.T.S. : NON SOLO IPERPLASIA PROSTATICA. DALLA GESTIONE MEDICA AL TRATTAMENTO CHIRURGICO DEL DISTURBO

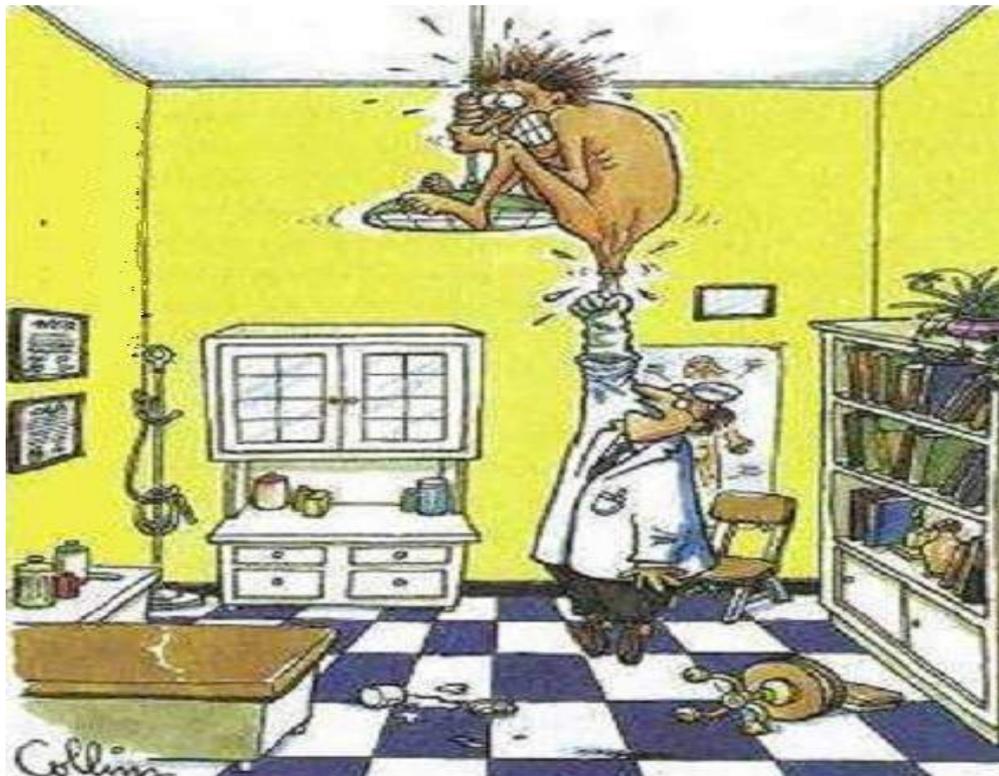
Il medico di Famiglia
è determinante nel processo
di cura del paziente

non solo nel
momento della diagnosi ma anche
nei momenti successivi.

Dall'insorgenza
dei sintomi alle
migliori cure per alleviare
questa sintomatologia fastidiosa in una gestione
complementare
con l'urologo



La più antica e meno costosa metodica è rappresentata dall' esplorazione rettale (ER), che permette di valutare il volume, la consistenza, la simmetria e la regolarità dei margini della faccia posteriore della ghiandola prostatica.



Epidemiologia e fisiopatologia dei LUTS

BMJ

LONDON, SATURDAY 9 APRIL 1994

New words for old: lower urinary tract symptoms for “prostatism”

Avoids spurious suggestion of diagnostic accuracy

Extraordinary interest currently exists in the treatment of men over 45 who are referred with the label “prostatism.” This has been generated partly by commercial interest and patients’ increased awareness and expectations and partly by the advent of new treatments. Several new drugs to relieve bladder outflow obstruction, including α adrenergic blockers and 5- α reductase inhibitors, have been or are about to be licensed. Drug companies have expended huge efforts in increasing patients’ and doctors’ awareness of prostatic disease.

New techniques to destroy part or all of the prostate have been developed, including thermotherapy, thermal ablation, high intensity focused ultrasonography, transurethral needle ablation, and laser prostatectomy. Added to this are the techniques of intraurethral prostatic stenting and balloon dilatation of the prostate.¹

Surveys have shown that urinary symptoms are very common in older men, with prevalences varying from 11% for straining up to 78% for nocturia.² Interestingly, British and American research has suggested that symptoms are also very common in elderly women.^{3,4} Historically, we have used the terms “prostatism” and “symptoms of benign prostatic hyperplasia” to describe lower urinary tract symptoms in men. Yet because these symptoms are also common in women of similar age these terms become less sensible.

Other arguments exist against their use. Although the term prostatism implies a prostatic cause for symptoms, almost no evidence exists for such a cause. Most attempts to correlate either individual symptoms or groups of symptoms with objective measurements have failed to show any significant associations. (The exception has been the association between the symptoms of daytime frequency, urgency of micturition, and urge incontinence with the urodynamic finding of detrusor instability.)⁵ The conclusion follows that no symptoms are specific to either benign prostatic hyperplasia or one of its complications—bladder outflow obstruction.

Benign prostatic hyperplasia is a precise histological term, yet many older men with lower urinary tract symptoms are described as suffering from the symptoms of benign prostatic hyperplasia or from clinical benign prostatic hyperplasia. The use of the specific histological term is confusing in everyday clinical practice.

Why is this seemingly pedantic discussion important? There are several reasons. Firstly, terms such as prostatism and clinical benign prostatic hyperplasia carry a spurious

diagnostic authority, which may be translated into treatment without a proper diagnosis. Secondly, about one third of men with prostatism do not have bladder outflow obstruction secondary to prostatic enlargement.⁶ Some 30 000 prostatectomies are performed each year in Britain,⁷ and although increasingly urologists are defining bladder outflow obstruction objectively (usually by urine flow studies), many men with prostatism without bladder outflow obstruction are still being subjected to prostatectomy. The outcome of operations on such men is unsatisfactory.⁸ Additionally, transurethral resection of the prostate is associated with low but important morbidity and mortality: some men may die unnecessarily.

If we reject the term prostatism and restrict the use of the term bladder outflow obstruction, is there an alternative? I believe that we should use the term “lower urinary tract symptoms.” This describes patients’ complaints without implying their cause. This is important as the symptoms are neither sex, age, nor disease specific. Hence, lower urinary tract symptoms could be used as a collective noun for any constellation of symptoms at any age, in either sex.

“Filling symptoms” would be a better term than “irritative symptoms” as irritative implies a pathological finding such as infection, stone, or tumour. The symptoms of frequency, urgency, and urge incontinence (traditionally grouped together as irritative symptoms) almost always indicate a functional abnormality rather than a structural fault or inflammatory process.

“Voiding symptoms” could replace the term “obstructive symptoms” (which include hesitancy, poor stream, straining, a feeling of incomplete emptying, and intermittency). We know that up to one third of men with low flow rates do not have bladder outflow obstruction but have detrusor underactivity as a cause of their reduced stream.⁹ This seems part of aging and may be common to men and women.¹⁰ Furthermore, two of the alleged obstructive symptoms—straining to micturate and intermittency of urinary stream—probably have no association with bladder outflow obstruction (J Reynard, personal communication).

Benign prostatic enlargement is a preferable term to benign prostatic hyperplasia as enlargement can be assessed, to some degree, by digital rectal examination and precisely defined by transrectal ultrasonography. Benign prostatic enlargement does not, however, imply the presence of bladder outflow obstruction, and many patients with enlargement do not have obstruction.

PRIMA DEFINIZIONE DI L.U.T.S.

Paul Abrams
1994



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EUROPEAN UROLOGY (2014) 71, 11–12, 17

available at www.sciencedirect.com
journal homepage: www.europanurology.com



Voiding Dysfunction

What Is the Most Botherome Lower Urinary Tract Symptom? Individual- and Population-level Perspectives for Both Men and Women

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Article info

Article history:
Accepted January 15, 2014
Published online ahead of print on January 24, 2014

Keywords:
Age, gender
Bothersomeness
Definition
Lower urinary tract symptoms
Overactive bladder
Prevalence
Sex
Urinary incontinence
Urination disorders
Voiding dysfunction

Abstract

Objective: No study has compared the bothersomeness of all lower urinary tract symptoms (LUTS) using a population-based sample of adults. Despite the lack of evidence, clinicians have often cited LUTS or urinary as the "most bothersome" or "one of the most bothersome" objectives. To compare the population- and individual-level burden of LUTS in men and women.

Design, setting, and participants: In this population-based cross-sectional study, questionnaire were mailed to 6000 individuals (18–79 yr of age) randomly identified from the Finnish Population Register.

Outcome measurement and statistical analysis: The validated Danish Prostate Symptom Score questionnaire was used for assessment of bother of 12 different LUTS. The standardized prevalence of at least moderate bother was calculated for each symptom (population-level burden). Among symptomatic individuals, the proportion of affected individuals with at least moderate bother was calculated for each symptom (individual-level bother).

Results and discussion: A total of 2337 individuals (39.3% response) (53.7% female) had LUTS with the greatest population-level burden were urgency (7.9% with at least moderate bother), stress urinary incontinence (SUI) (6.3%), median SUI (6.0%), post-voiding dribble (5.8%), and urgency among incontinent (UUI) (5.6%). Burden from moderate-severity symptoms was higher in women than men, and the opposite was true for voiding and post-voiding symptoms. At the individual level, UUI was the most bothersome for both genders. Although the response proportion was high, approximately a third did not participate.

Conclusion: Both men and women with UUI report moderate or major bother more frequently than individuals with other LUTS. At the population level, the most prevalent bothersome symptoms are urgency, SUI, and median SUI.

Patients summary: Urinary urgency was the most common troubling symptom in a large population-based study; however, the individual urgency incontinence was the most likely to be rated as bothersome.

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<http://dx.doi.org/10.1016/j.eururo.2014.01.010>

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I LUTS si manifestano frequentemente, causando seri disturbi ed impattando in maniera significativa sulla qualità di vita



Epidemiologia e fisiopatologia dei LUTS

**I LUTS sono fortemente associati con l'aumentare dell'età:
 dato l'incremento della sopravvivenza media, I LUTS
 rappresentano anche una problematica di economia
 sanitaria**

[Société Internationale d'Urologie (SIU), Lower Urinary Tract Symptoms (LUTS) : An International Consultation on Male LUTS. , C
 Chapple & P. Abrams, Editors. 2013
 Taub, D.A., *et al.* The economics of benign prostatic hyperplasia and lower urinary tract symptoms
 in the United States. *Curr Urol Rep*, 2006. 7: 272]



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La maggior parte dei pazienti anziani, presenta aumento un LUTS, anche se i disturbi sono spesso lievi e non eccessivamente fastidiosi

I LUTS progrediscono in maniera dinamica: in alcuni pazienti persistono per lungo tempo, in altri casi invece, vanno incontro a remissione



Epidemiologia e fisiopatologia dei LUTS

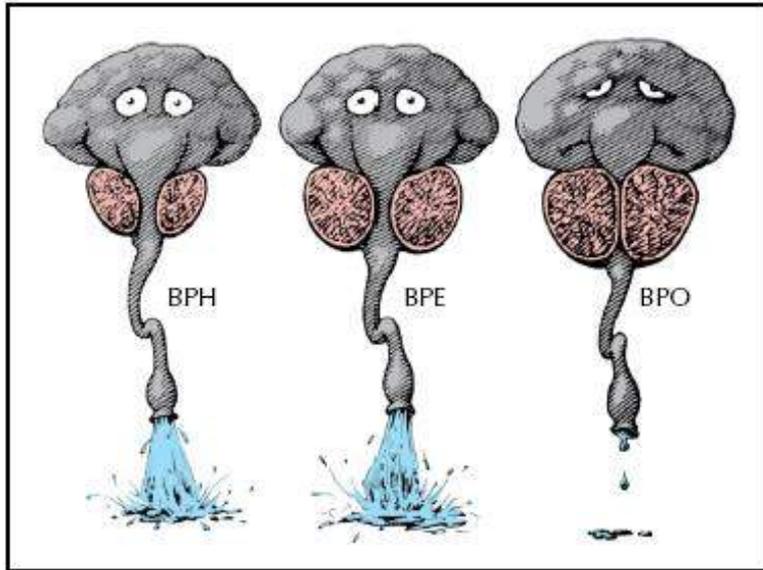


Figure 2. Cartoon showing differences among benign prostatic hyperplasia (BPH; histologic change), benign prostatic enlargement (BPE; gland enlargement, often without obstruction), and benign prostatic obstruction (BPO; obstruction due to BPE).

I LUTS sono stati tradizionalmente associati a **bladder outlet obstruction (BOO)**, la quale è spesso causata da **ipertrofia prostatica benigna (BPE)**, derivante dalla condizione istopatologica nota come **iperplasia prostatica benigna (IPB)**



Epidemiologia e fisiopatologia dei LUTS

Studi recenti hanno però dimostrato come i LUTS siano spesso indipendenti dall'organo prostata:



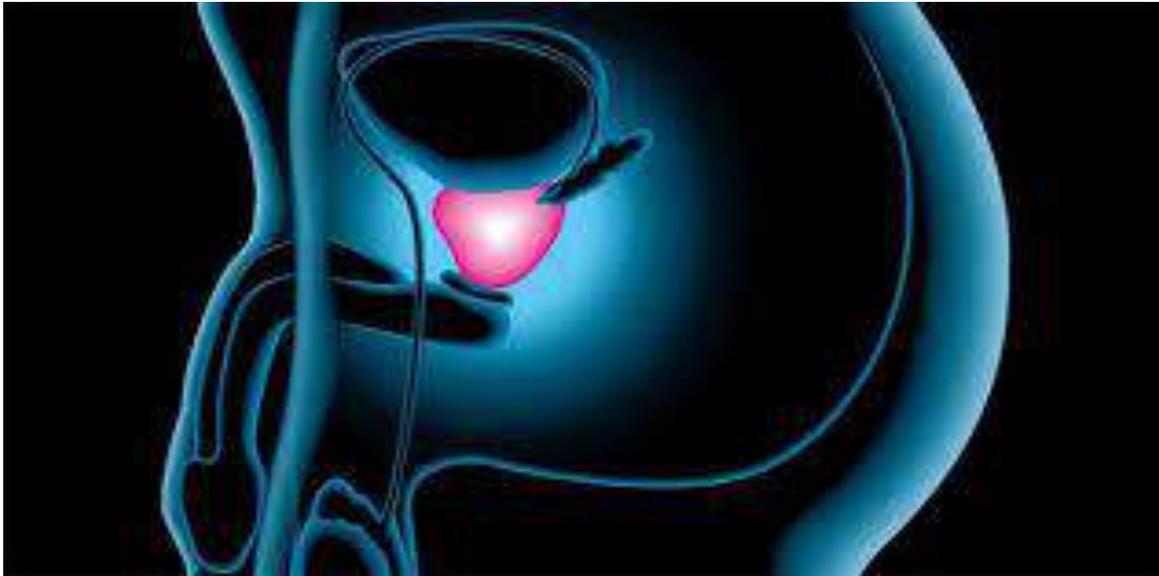
anche le disfunzioni vescicali sono spesso causa di LUTS

- OAB sindrome della vescica iperattiva
- Ipocontrattilità detrusoriale/vescica ipocontrattile
- ... nonchè altre anomalie riguardanti l'anatomia dell'apparto urinario o dei tessuti limitrofi



Epidemiologia e fisiopatologia dei LUTS

Anche l'infiammazione prostatica sembra giocare un ruolo importante nella patogenesi e nella progressione dell'IPB



Ficarra, V., *et al.* The role of inflammation in lower urinary tract symptoms (LUTS) due to benign prostatic hyperplasia (BPH) and its potential impact on medical therapy. *Curr Urol Rep*, 2014

He, Q., *et al.* Metabolic syndrome, inflammation and lower urinary tract symptoms: possible translational links. *Prostate Cancer Prostatic Dis* 2016 19:7



Epidemiologia e fisiopatologia dei LUTS

Inoltre diverse condizioni patologiche non urologiche contribuiscono spesso a manifestare disturbi urinari, specie la nicturia



Compito del medico di Medicina Generale
è
innanzitutto cercare di alleviare ai pazienti
questa sintomatologia fastidiosa



Grazie per l'attenzione

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