The following article, geared toward primary care physicians (PCPs), is an exploration of benign prostatic hyperplasia/ lower urinary tract symptoms (BPH-LUTS), in terms of analyzing dysfunction, evaluating patients, and reviewing treatments.

Urinary dysfunction involves bladder filling/ urine storage dysfunction and/or bladder emptying/voiding dysfunction. As a contributor to LUTS, the bladder is an important part of overall evaluation and management of patients with LUTS. When working up suspected BPH-LUTS, urinalysis and serum creatinine are essential, as is prostate-specific antigen (PSA). History should include symptom onset, duration, and severity, and medication history to identify agents associated with LUTS. Optional tools include voiding diaries, uroflowmetry, post void residual, and pressure flow/urodynamic studies.

PCPs are critical for initial and ongoing BPH-LUTS management, and need to be comfortable with initiating medical therapy and referring to urology in specific situations. We review current agents for BPH-LUTS, including alpha-blockers, beta-3 agonists, 5-alpha reductase inhibitors, phosphodiesterase-5 inhibitors, and approved combinations.

With targeted and practical information on identification, workup, and treatment presented in this activity, PCPs will gain valuable practice pearls and clinical strategies to enhance outcomes in those with BPH-LUTS.

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