

SOUTHWESTERN NEWS

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BPH TREATMENT GUIDELINES DESIGNED TO EMPOWER PATIENTS

DALLAS — February 10, 1994 — Dr. John McConnell has an important message for men suffering the discomforts of prostate enlargement and for the doctors who treat them: "The best treatment for benign prostatic hyperplasia (BPH) is the one chosen by an informed patient."

For many men the appropriate choice is watchful waiting rather than surgery or medication with their attendant expenses and risks, said the chairman of the Division of Urology in the Department of Surgery at The University of Texas Southwestern Medical Center.

McConnell, who also directs the George M. O'Brien Urology Research Center at UT Southwestern, headed a 13-member panel of urologists and other medical specialists who labored for more than three years to develop clinical practice guidelines for physicians and a patient's guide for men with BPH. The guidelines were released in Washington this week by the Agency for Health Care Policy and Research, an arm of the U.S. Public Health Service. They will be disseminated widely among urologists, internists and family practice physicians.

"The purpose of the guidelines is to improve the quality of care," McConnell said. With treatment options including surgery, medications and watchful waiting, there has been considerable variation in treatment decisions among both urologists and primary-care physicians in different parts of the country.

Another goal of the guidelines is to trim costs. The total bill for prostate surgery and associated care tops \$2 billion annually in the United States, where more than 284,000 surgical procedures for BPH are performed each year. Prostate surgery is the second most common operation among men in the Medicare population, second only to cataract surgery.

"We realize that the guidelines will be somewhat controversial," McConnell said. "They question the traditional role of diagnostic tests and the need for

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medical or surgical treatment in many cases. And their patient-centered, symptom-based emphasis will make some physicians uncomfortable. We hope they will help doctors realize that just because pills are available, all men with BPH don't need to take them, that expensive and potentially harmful or at least uncomfortable tests aren't always necessary and that watchful waiting is a real option."

Although scientists do not yet know why, prostate enlargement is a natural part of the aging process in men. BPH is common in men over 50. More than half of all men over 60 and as many as nine out of 10 men in their 70s and 80s have it.

BPH is not cancer, and there is no known risk of developing prostate cancer associated with BPH. It is a disease of discomfort with occasionally serious complications. Symptoms include frequent urination, especially at night; straining to urinate; a weak or intermittent urine stream; and a feeling that the bladder has not completely emptied. The symptoms are caused as the enlarged prostate gland squeezes the urethra, narrowing the tube through which urine leaves the bladder.

BPH doesn't progress at the same rate in all men, and it doesn't always cause problems. Only half of the men with BPH will ever experience any symptoms, and not all of those will need treatment.

The new clinical practice guidelines recommend that doctors use a symptom "score card" developed by the American Urological Association to help patients classify their own symptoms as mild, moderate or severe.

"Watchful waiting is the most appropriate treatment for men with mild symptoms," McConnell said. "Men with moderate-to-severe symptoms need to ask themselves: 'How much do my symptoms really bother me? Do I understand the risks of medical or surgical treatment?' and 'Am I willing to accept those risks for the benefits I can expect?' They need to discuss the risks and benefits of drug therapy or surgery with their doctors."

Drugs available to treat BPH include finasteride and alpha-blockers. Both drugs reduce symptoms in a majority of men although long-term benefits are not yet known, and they can cause side effects, including dizziness, fatigue, headaches, lowered sex drive and impotence.

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Surgery is the best choice for men experiencing serious complications of BPH, such as complete inability to urinate, kidney problems, urinary-tract infections, bleeding or bladder stones, McConnell said. In addition, it offers the best chance of relieving symptoms.

Even for men needing prostate surgery, the guidelines offer choices. Many men undergoing transurethral resection of the prostate (TURP), a major surgical procedure and the most common surgical treatment for BPH, could reap virtually the same benefit from the less costly, less risky transurethral incision of the prostate (TUIP), McConnell said. TUIP can be done in an outpatient setting with fewer complications and a lower rate of impotence following surgery. Laser surgery is still investigational, according to the federal panel, because sufficient information is not available about its effectiveness and safety compared to standard surgery.

The guidelines also advise against routine kidney X-rays, ultrasound, cystometry or cystoscopy. The value of these expensive and, in some cases, invasive tests has not been proved, McConnell said.

During the process of developing the BPH guidelines, the panel compiled data from urologists, radiologists, prostate cancer experts, internists, family practice physicians, urologic nurses, health-care economists and patients. Dr. Claus Roehrborn, assistant professor of urology at UT Southwestern, oversaw a detailed analysis of the data.

The new guidelines already have been endorsed by the American Urological Association, the American College of Radiology, the American Society of Radiological Technologists and the National Council for Senior Citizens.

A patient's guide booklet, a quick reference guide for clinicians and a 215-page book containing the full clinical practice guidelines and supporting data can be obtained by calling (800) 358-9295 or writing Agency for Health Care Policy and Research Publications Clearinghouse, P.O. Box 547, Silver Spring, Md. 20907.

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