

A Clinical Audit of the Assessment and Management of Patients Presenting with Lower Urinary Tract Symptoms (LUTS) in a Hospital Authority General Outpatient Clinic (CSW GOPC)



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Introduction

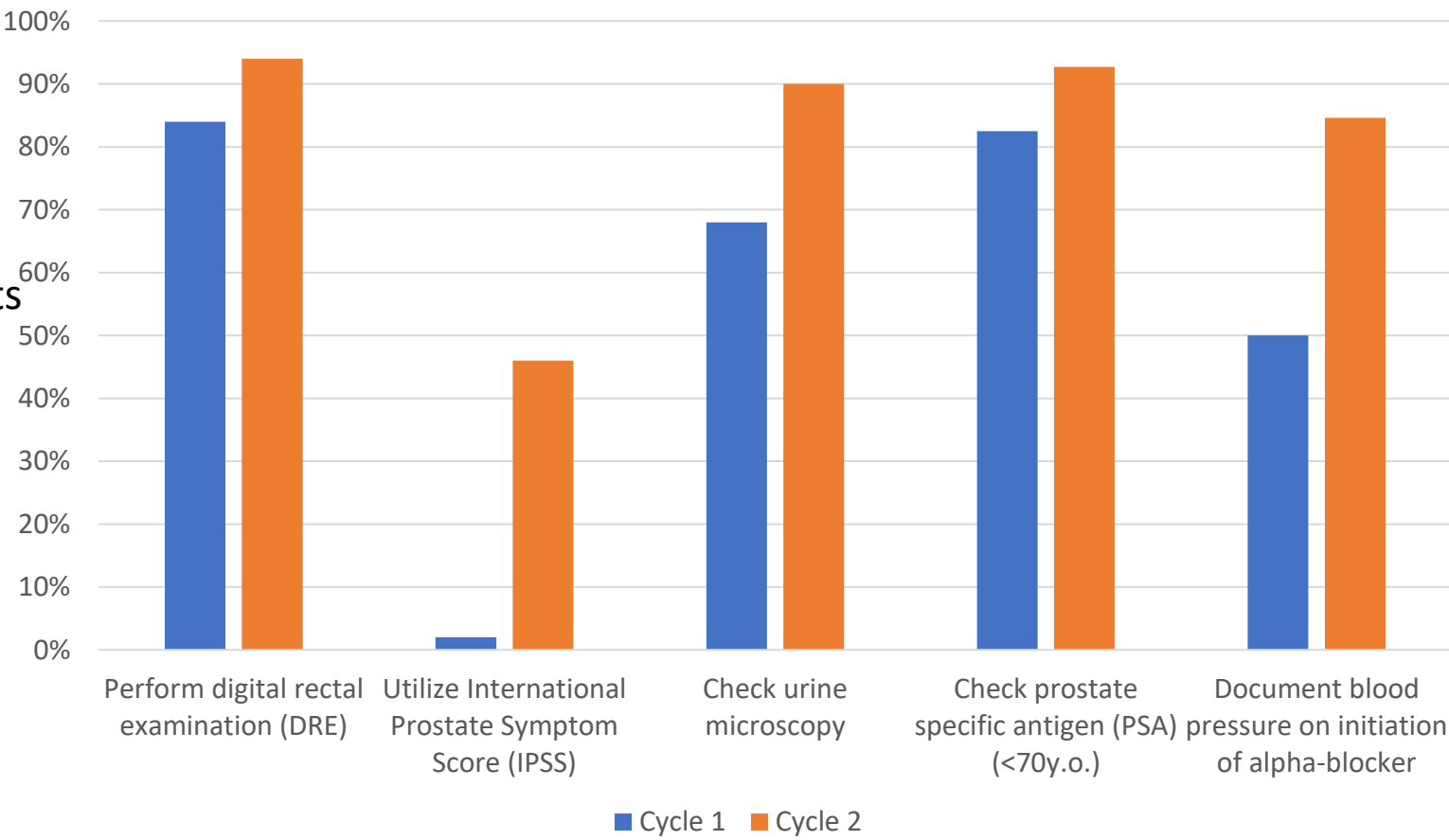
Lower urinary tract symptoms (LUTS) are commonly encountered in male patients of middle age or older in the primary care setting. Within the audit period, 924 patients attended our clinic for LUTS, with 852 (92%) of them on alpha blockers. Of the patients on alpha blockers, 308 (36%) of them were on prazosin, while 544 (64%) of them were on terazosin. As the overwhelming majority of LUTS symptoms can be attributed to benign prostatic hyperplasia (BPH), it is easy for clinicians to “jump to the conclusion” and treat the patient as BPH without appropriate assessment or symptom quantification. This clinical audit will review the assessment and management of patients presenting with LUTS in the GOPC setting.

Methods

Male patients at or above 40 years of age, who presented to our clinic with lower urinary tract symptoms that have not been previously evaluated by other medical practitioners or specialists were recruited to this audit. Recommendations from the latest evidence-based guidelines were used in setting the audit criteria. 50 patients were randomly sampled in the 1st and 2nd cycles respectively. The audit period was from 12/2023 to 7/2024. Interventions including clinic presentation, use of cue cards and placement of questionnaires in consultation rooms were done between the two cycles.

Results

All five of the audit criteria showed improvement after interventions. The most significant improvements were in the use of the International Prostate Symptom Score (IPSS), urine microscopy or multistix, and documentation of blood pressure on initiation of alpha-blockers.



前列腺症狀評估 International Prostate Symptoms Score (IPSS)

在過去一個月中 Over the past one month,	無 None	少於五份一時間 Less than 1 in 5 times	少於一半時間 Less than half of the time	大約一半時間 About half of the time	多於一半時間 More than half of the time	幾乎每一次 Almost always
1. 排尿不清 Incomplete emptying 你是否經常有未能將了排盡的感覺？ How often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
2. 尿頻 Frequency 你是否經常在排尿後兩小時內又要小便？ How often have you had to urinate again less than 2 hours after you have urinated?	0	1	2	3	4	5
3. 排尿斷續 Intermittency 你是否經常再排尿中尿流斷斷續續？ How often have you stopped and started, several times when you urinated?	0	1	2	3	4	5
4. 尿急 Urgency 你是否經常感到忍尿有困難？ How difficult have you found it to postpone your urination?	0	1	2	3	4	5
5. 尿流無力 Weak Stream 你是否經常有尿流細弱的症狀？ How often have you had a weak urinary stream?	0	1	2	3	4	5
6. 排尿費力 Straining 你是否經常需要用力才能開始排尿？ How often have you had to push or strain to begin urination?	0	1	2	3	4	5
	無 None	一次 1 time	兩次 2 times	三次 3 times	四次 4 times	多於五次 ≥5 times
7. 夜尿次數 Nocturia 你晚上醒來小便的次數是 How many times you typically get up at night to urinate?	0	1	2	3	4	5

就排尿徵狀作生活質素評分
Quality of life due to urinary symptoms

假如按現在排尿情況,你覺得今後的生活質素如何?
If you were to spend the rest of your life with your urinary condition just this way it is now, how would you feel about that?

非常好 Delighted	好 Pleased	滿意 Mostly satisfied	尚可 Mixed	不滿意 Mostly dissatisfied	不愉快 Unhappy	很痛苦 Terrible
0	1	2	3	4	5	6

前列腺症狀總分: 1-7 輕度 Mild 8-19 中度 Moderate 20-35 嚴重 Severe

Conclusions

It is important for clinicians to be familiar with the proper assessment and management of LUTS. This is crucial for excluding differential diagnoses, better quantification of symptoms, and avoidance of side-effects of drug treatment. In this audit, there was improvement in all five criteria, which showed that familiarizing doctors with the audit criteria could improve the assessment and management of LUTS. In particular, use of IPSS amongst LUTS patients can be promoted for more personalized management of LUTS symptoms.

Keywords

Lower urinary tract symptoms (LUTS), Benign prostatic hyperplasia (BPH), Clinical audit