key points

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Almost half of all men older than 65 years have lower urinary tract symptoms (LUTS), consisting of poor flow and frequency of micturition.

In BPH, the central portion of the prostate, the transition zone, slowly enlarges over time, resulting in progressive bladder outflow obstruction. In response, the detrusor muscle of the bladder wall undergoes hypertrophy and becomes trabeculated. This secondary change results in the symptoms of bladder overactivity, including nocturia, urgency and urge incontinence.

Men with larger prostates (>30ml), higher PSA levels and more severe symptoms are at increased risk of complications, including acute urinary retention (AUR). These patients should be informed that their symptoms are likely to deteriorate over time and that AUR may occur.

GP assessment includes taking a history and evaluating symptoms, digital rectal examination, urinalysis and PSA.

Drug therapy is firmly established as the first-line treatment for uncomplicated BPH. Alpha-blockers are rapidly effective in improving flow and symptoms, regardless of prostate size. However, they have little or no effect on progression of the disorder and there is no firm evidence to suggest that they protect against urinary retention. In contrast, 5-alpha-reductase inhibitors (5ARIs) work more effectively in larger prostates (>30ml) and in men with higher PSA levels (>1.4ng/ml). A combination of an alpha-blocker and a 5ARI produces the best outcomes in terms of reducing symptoms, improving flow rate and lowering the risk of disease progression. However, this therapy increases the risk of side-effects.

When complications of BPH occur, such as AUR, bladder stone formation, recurrent UTIs or haematuria, patients should be referred to a urologist.

Modern TURP surgery includes state-of-the-art digital camera systems that allow significant magnification and better haemostasis, leading to uniformly good outcomes with a much improved flow and more effective bladder emptying. Side-effects include retrograde ejaculation.