BPH in Older Men

A practical approach for General Physicians

Assessment • Initial treatment • Medication safety • Referral

15-minute clinical update

Why This Matters in Elderly Veterans

- LUTS are common, but not all LUTS are caused by BPH.

- Frailty, immobility, neurological disease and polypharmacy can complicate management.

- ***The goal is not simply to improve urinary flow—it is to improve symptoms, safety and quality of life.***

The First Question: Is This Really BPH?

- Storage symptoms: frequency, urgency, nocturia, urgency incontinence
- Voiding symptoms: weak stream, hesitancy, intermittency, straining
- Post-micturition: incomplete emptying, dribbling
- Consider alternatives: UTI, overactive bladder, diabetes, heart failure, neurological disease, medication effects, prostate cancer.

A Simple Assessment in Primary Care

- History: onset, severity, hematuria, infection, retention, neurological symptoms
- Medication review: diuretics, anticholinergic burden, opioids and other contributors
- Physical examination including abdominal and focused neurological assessment
- DRE
- Urinalysis; assess renal function when indicated

PSA?!

Ultrasonography? PVR

Red Flags → Refer / Urgent Evaluation

- Gross hematuria
- Recurrent urinary tract infection
- Recurrent or refractory urinary retention
- Renal insufficiency or suspected upper tract obstruction
- Bladder stones
- Suspicion of malignancy or abnormal prostate examination(rising PSA)
- Severe pain, systemic illness or neurological red flags

Mild Symptoms: Start with Conservative Care

- Reassurance and education
- Reduce evening fluids when appropriate
- Moderate caffeine and alcohol intake
- Review timing of diuretics with the treating physician
- Address constipation
- Encourage physical activity and mobility when feasible
- ***Periodic reassessment rather than automatic medication***

Medication Option 1: α1-Blockers

- Examples: tamsulosin, alfuzosin, silodosin
- Usually provide relatively rapid symptom relief
- ***Important in older adults: dizziness and orthostatic hypotension***
- Ask about falls and concomitant antihypertensive therapy
- Use caution with frailty and cardiovascular instability

Medication Option 2: 5-α-Reductase Inhibitors

- finasteride, dutasteride
- Most useful when there is evidence of prostate enlargement

- Symptom improvement is gradual—months, not days
- Can reduce prostate volume and risk of progression
- Discuss sexual adverse effects
- ***Remember: PSA interpretation is affected by therapy***

When Storage Symptoms Predominate

- ***urgency and frequency***
- Consider overactive bladder, nocturnal polyuria and systemic causes.

- Anticholinergics ; solifenacin , toltoridin.
- β3-agonists may be an option in selected patients(mirabegron); consider blood pressure and comorbidities.
- ***Check for clinically significant residual urine / retention risk when appropriate.***

When to Refer for Specialist / Procedural Management

- Persistent bothersome symptoms despite appropriate conservative or medical therapy
- Medication intolerance
- Recurrent retention, infections, stones or hematuria
- Renal consequences or suspected obstruction
- Patient preference for a procedural solution
- ***Referral is part of good BPH care—not treatment failure***.

A High-Yield Elderly Veteran Scenario

- 78-year-old man: nocturia ×4, urgency, weak stream, hypertension, previous falls

- Avoid treating the symptom list without considering the whole patient.
- Review fluid intake, diuretic timing and medications.
- Assess fall risk and orthostatic symptoms before α-blocker therapy.
- ***Determine whether nocturia is due to BPH, nocturnal polyuria, sleep disorder or systemic disease***.

Case 2

68 years old male patient

Prostate size in sonography 90 gr

Nocturia 1 episode per night

Psa 2 ng/dl

Mild obstructive symptoms

What is your recommendation?

Case 3

70 yeads old patient
Frequency and nocturia
Dribbling

Prostate 40 gr
70 ml residue in sonogram

What is your plan?

Case 3

80 years old patient

Sever obstructive symptoms
Nocturia
Frequency

Psa 0/5

Sonography prostate size 20 gr

Resistant to tamsulosin !! Underactive bladder

In an elderly man with LUTS, first determine what is causing the symptoms—not simply how big the prostate is.”

Take-Home Messages

- 1. LUTS ≠ BPH in every elderly man.
- 2. Treat the patient, not just the prostate.
- 3. Medication review and fall risk are essential.
- 4. α-blockers act quickly but may cause hypotension and dizziness.
- 5. 5-ARIs are for appropriate enlarged prostates and require time.
- 6. Know the red flags and refer early when complications are present.

Thank You

Questions & Discussion

Practical goal: safer urinary care and better quality of life for older veterans