

Drug treatment

- Offer drug treatment only to men with bothersome LUTS when conservative management options have been unsuccessful or are not appropriate.
- Take into account comorbidities and current treatment when offering drug treatment for LUTS.
- Do not offer homeopathy, phytotherapy or acupuncture.

Indication	Treatment	Review*
Moderate to severe LUTS	Offer an alpha blocker (alfuzosin, doxazosin, tamsulosin or terazosin)	<ul style="list-style-type: none"> ● At 4–6 weeks, then every 6–12 months
OAB	Offer an anticholinergic	<ul style="list-style-type: none"> ● At 4–6 weeks until stable, then every 6–12 months
LUTS and a prostate estimated to be larger than 30 g or PSA greater than 1.4 ng/ml, and high risk of progression	Offer a 5-alpha reductase inhibitor	<ul style="list-style-type: none"> ● At 3–6 months, then every 6–12 months
Bothersome moderate to severe LUTS, and a prostate estimated to be larger than 30 g or PSA greater than 1.4 ng/ml	Consider an alpha blocker plus a 5-alpha reductase inhibitor	<ul style="list-style-type: none"> ● At 4–6 weeks, then every 6–12 months for the alpha blocker ● At 3–6 months, then every 6–12 months for the 5-alpha reductase inhibitor
Storage symptoms despite treatment with an alpha blocker alone	Consider adding an anticholinergic	<ul style="list-style-type: none"> ● At 4–6 weeks until stable, then every 6–12 months

* Review to assess symptoms and the effect of the drugs on the man's quality of life, and to ask about any adverse effects.

- Consider offering a late afternoon loop diuretic³ for nocturnal polyuria.
- Consider offering oral desmopressin⁴ for nocturnal polyuria if other medical causes⁵ have been excluded and the man has not benefited from other treatments. Measure serum sodium 3 days after the first dose. If serum sodium is reduced to below the normal range, stop desmopressin treatment.
- If LUTS do not respond to drug treatment, discuss active surveillance (reassurance and lifestyle advice without immediate treatment and with regular follow-up) or active intervention (conservative management or surgery).

³ At the time of publication (May 2010), loop diuretics (for example, furosemide) did not have UK marketing authorisation for this indication. Informed consent should be obtained and documented.

⁴ At the time of publication (May 2010), desmopressin did not have UK marketing authorisation for this indication. Informed consent should be obtained and documented. Consult the summary of product characteristics for the contraindications and precautions.

⁵ Including diabetes mellitus, diabetes insipidus, adrenal insufficiency, hypercalcaemia, liver failure, polyuric renal failure, chronic heart failure, obstructive apnoea, dependent oedema, pyelonephritis, chronic venous stasis, sickle cell anaemia, calcium channel blockers, diuretics, and selective serotonin reuptake inhibitor (SSRI) antidepressants.