Editor's Message
Benign Prostatic Hyperplasia: Medical Management Considering Sexual Function and Prostate Cancer

Leonard H. Finkelstein, DO

At some point in time, the majority of men will have symptoms develop as a result of an enlarging prostate gland. This condition was commonly referred to as benign prostatic hyperplasia (BPH). More than 20 years ago, the diagnosis and treatment of BPH was simple. If a man was older than 50 years, had a prostate gland enlarged on digital rectal examination, and had lower urinary tract symptoms (LUTS), he was a candidate for surgery. The surgery would be transurethral resection of the prostate (TURP) or open enucleation prostatectomy (suprapubic or retropubic). The symptoms could vary from slow, hesitant urinary stream to increased urinary frequency, urgency, or nocturia. Sexual function rarely was discussed.

Today, our knowledge regarding the pathophysiology of the lower urinary tract and the prostate gland has increased substantially. We not only look at the physical status of the patient, but we also address the impact of treatment as it affects quality-of-life issues. The paradigms of diagnosis and treatment have changed dramatically. The diagnosis of BPH is now made only when there is tissue confirmation and, by itself, BPH may or may not have clinical implication. We now refer to an enlarged prostate, clinically benign or malignant on digital rectal examination.

The intensity of LUTS produced by bladder outlet obstruction (BOO) caused by an enlarged prostate is evaluated by questionnaires or histories that include symptoms and bother (quality of life). Sexual function should also be addressed. The decision to treat or observe depends on the intensity of the problems. When treatment is indicated, the first line is now medical. Medical therapy is effective not only for relief of BOO, but it is also available for relief of male sexual dysfunction that may result from BOO. Surgery is recommended when medical therapy fails or will not be appropriate as in patients with urinary retention. Surgery also has changed dramatically. Many procedures less invasive than TURP are available that are producing satisfactory results. Open prostatectomy procedures are rarely done today.

The articles in this JAOA supplement address evaluation of the patient including sexual dysfunction. Diagnosis and treatment and the multiple therapeutic agents available for all aspects of therapy as well as the modalities of surgery available are discussed in detail. The information in this supplement should be of great interest to primary care physicians because with medical treatment now the first line of therapy, the role of primary care physicians has changed from triage to management.