

ProState of the Nation

Report highlights

A call to action: delivering more effective care for BPH patients in the UK

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This report was sponsored by GSK, see final page for details

Launched at the House of Commons, London, on 19 October 2009, *ProState of the Nation* is a call to action:

- To policy makers to recognise the burden of illness associated with benign prostatic hyperplasia (BPH)
- To general practitioners (GPs) to manage men with BPH more effectively in primary care
- To urologists to work with GP colleagues to establish local shared-care referral and treatment pathways for BPH
- To men themselves to be more proactive in maintaining their prostate health.

Recommendations versus reality

In the UK, about 3.2 million men—over one third of those aged over 50 years—suffer from the symptoms of BPH.^{*1,2,3} These troublesome and unpleasant symptoms do not just impair the quality of life of men and their families, but also increase the risk of serious and expensive long-term complications such as acute urinary retention (AUR), hospitalisation and surgery.⁴

* In the UK, there are 9.4 million men aged over 50 years¹ of which an estimated 35% experience symptoms suggestive of BPH.² This corresponds to an estimated 3.2 million men in the UK with clinical BPH.³

Many men with BPH can be managed by their GPs, using evidenced-based clinical guidelines from the British Association of Urological Surgeons (BAUS).⁴ These guidelines are specifically designed for primary care, and aim to ensure appropriate referral by guiding decisions about initial treatment and the risk of disease progression.

BAUS recommends that treatment is beneficial in most men initially presenting with bothersome symptoms, with watchful waiting and lifestyle advice reserved for men with very mild symptoms at low risk of disease progression.⁴ Alpha blockers and 5 alpha reductase inhibitors (5ARIs) alone or in combination can relieve BPH symptoms⁵, delay disease progression, and reduce the risk of acute urinary retention (AUR) and the need for surgical treatment.⁴

In order to help GPs to identify men who are at risk of disease progression, the BAUS guidelines list predictive risk factors that can be assessed in routine clinical practice.⁴

These include:

- Age > 70 years with lower urinary tract symptoms (LUTS)
- Moderate-to-severe LUTS (International Prostate Symptom Score [IPSS] > 7)
- Prostate specific antigen (PSA) > 1.4 ng/ml
- Prostate volume > 30 ml (about the size of a golf ball)
- Flow rate < 12 ml/sec.

Barriers to effective BPH management

Adopting BAUS guidelines throughout the UK would ensure that all men with BPH receive the most appropriate and the most effective treatment. But recent market research** among GPs, urologists and men with BPH reveals important barriers to effective management of BPH, especially in primary care. These barriers have important implications both for secondary care in terms of inappropriate referrals and for patients' quality of life and well-being.

GPs⁶:

** Online survey among 100 GPs and 50 urologists, and online survey among 100 men aged over 40 with formal BPH diagnosis. Representative geographical spread in both surveys.

- GPs lack confidence in diagnosing LUTS because of concerns about missing a case of prostate cancer: only 11% say they are very confident.
- Only 24% of GPs routinely use the IPSS.
- Awareness of BPH clinical guidelines is low at primary care level: 81% of GPs are unaware of BAUS guidelines.
- 70% of GPs would welcome more information to reassure them about using combination therapy.

Urologists⁷:

- Urologists are currently spending a considerable proportion of their time seeing men with BPH, who could be effectively managed by GPs: urologists believe that 41% of BPH referrals could be managed in primary care.
- Up to 30% of urologists' time with BPH patients could be saved if GPs were confident in prescribing alpha blockers and 5ARIs alone, or in combination.

Men with BPH⁸:

- Late diagnosis and under-treatment of BPH has a serious effect on both patients' and their families' quality of life: 75% of men report waking to urinate more than once a night.
- 61% of men are reassured when they are diagnosed with BPH.
- 78% prescribed a BPH treatment would be keen to take an additional tablet that reduced symptoms and the risk of surgery.

Counting the cost for the NHS

According to an illustrative cost analysis[†] commissioned for this Report, each year an estimated £180,797,430 is spent on managing BPH. Primary care costs amount to £44,518,410 for an estimated 1,648,830 BPH-related consultations. Secondary-care costs associated with managing AUR and surgery stand at £111,568,793. This is almost 60% more than the £69,228,637 spent on drug treatment⁹ and more than 3.5 times the £29,170,450 for 5ARIs⁹—drugs proven to risks of AUR and BPH-related surgery.⁴

[†] Using a range of data sources. The estimates are indicative, not authoritative.

In 1990 the direct cost of treating BPH in the UK in primary and secondary care was estimated at £59-77 million.¹⁰ While the comparison should be viewed with caution, even at the higher 1990 estimate, these figures suggest that total direct costs associated with treating BPH have almost doubled over the past 20 years. Since expenditure on BPH is likely to continue to escalate due to our ageing population, urgent action is needed to improve the cost effectiveness of BPH management.

Improving the ProState of the Nation: a call to action

- The NHS must recognise effective BPH management and treatment as a key health priority and make every effort to educate and encourage primary care to manage this condition appropriately.
- More can be done at a primary care level to improve current management of this highly prevalent condition. Inclusion of BPH on the Quality Outcomes Framework (QOF) would provide additional resource to GPs to enable this to happen.
- PCTs and secondary care urology departments must work together to establish local shared-care referral and treatment pathways designed to provide more clinically effective and cost-effective treatment for men with BPH. This is in line with the Community and Care Services White Paper¹¹, aimed at providing care closer to home in speciality areas such as urology.
- Men must be proactively educated through awareness campaigns, dedicated health clinics and their primary care practitioners, so that they are aware that urinary symptoms are not a normal part of ageing, and that treatment is available from their GP.

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The Report was sponsored by GlaxoSmithKline, including payment for a medical writer, honoraria to the editorial board and payment to a public relations agency in respect of project management support.

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