

NICE COMPLIANT INITIAL ASSESSMENT OF MEN WITH LUTS: HOW CLOSE IS CLINICAL PRACTICE TO BEST PRACTICE? DATA FROM A NATIONAL AUDIT IN THE UK

Hypothesis / aims of study

Lower urinary tract symptoms form a bothersome condition for many men. In 2010, the National Institute for Health and Clinical Excellence (NICE) produced guidelines for the management of lower urinary tract symptoms (LUTS) in men [1]. As part of the guideline, NICE recommended that the dataset used by the National Audit of Continence Care was used to audit implementation. The aim of this study was to examine the reported care of men with lower urinary tract symptoms in primary and acute care assessed against these new NICE guidelines to serve as a baseline benchmark against which future audits might be compared.

Study design, materials and methods

All NHS trusts in England, Wales and Northern Ireland were eligible to participate. Data collection forms regarding documented patient assessment and management were aligned to NICE guidance and developed into web based forms. Each participating site was asked to return data on the documented care of 25 patients under 65 and 25 patients over 65 years of age with urinary incontinence / LUTS. Patients were suitable if they had incontinence (current or prior), were aged 18 or over; if sufficient time had elapsed to allow assessment and formulation of a management plan; and if present, a catheter was inserted for urinary incontinence rather than retention. Hospitals were asked to sample from current or previous inpatients or outpatients and primary care organisations were asked to sample patients from a single practice. All submitted data were anonymous and access to the web-tool was password-protected for confidentiality.

Results

Data on 3101 men were returned by 80% (128/161) acute and 52% (75/144) primary care trusts in England and 71% (10/14) combined trusts from Northern Ireland, Wales and the Channel Islands. A diagnosis was not documented for 21.6% younger (121/559) men and 30.7% (390/1271) older men in hospitals and for 16.2% (72/445) younger men and 23.5% (194/826) older men in primary care. The distributions of documented diagnoses in the <65 and 65+ men by care sector are shown in table 1.

	Hospitals		Primary Care	
	<65 % (n) n=559	65+ % (n) n=1271	<65 % (n) n=445	65+ % (n) n=826
Stress urinary incontinence	4.7 (26)	3.1 (40)	6.3 (28)	5.4 (45)
Mixed urinary incontinence	5.0 (28)	4.5 (57)	8.5 (38)	12.0 (99)
Passive leakage	5.9 (33)	7.1 (90)	5.6 (25)	8.4 (69)
Urge urinary incontinence	20.4 (114)	15.4 (196)	25.2 (112)	20.0 (165)
Detrusor overactivity / Overactive bladder	14.5 (81)	7.6 (97)	16.0 (71)	7.3 (60)
Functional urinary incontinence	6.8 (38)	11.7 (149)	15.3 (69)	17.8 (147)
Acute urinary tract infection	10.0 (56)	13.3 (169)	6.3 (28)	7.5 (62)
Voiding difficulty	34.5 (193)	32.7 (416)	32.4 (14.4)	26.6 (220)
Other	5.4 (30)	4.5 (5.7)	4.7 (21)	4.4 (36)

Table 1. Documented diagnoses for men with UI/LUTS. "not present" and "none recorded" comprise the remainder of the sample

Assessment of the impact of LUTS on quality of life – not covered by NICE - was documented in 32.2% (100/559) men <65 and 29.3% (373/1271) men 65+ in hospitals and 55.7 (248/445) men <65 and 42.9% (354/826) men 65+ in primary care. The proportions of men who met the NICE guideline standards for assessment for male LUTS is shown in table 2.

Table 2. The proportions of men having NICE recommendation compliant initial assessment.

	Hospitals		Primary care	
	<65 %,(n)	65+ %,(n)	<65 %,(n)	65+ %,(n)
Patient denominator*	559	1271	445	826
Proportion of men with continence history taken	69.4 (388)	55.7 (703)	86.3 (371)	78.6 (649)
Proportion of men on medication that may exacerbate urinary incontinence	11.8 (66)	23.1 (293)	17.8 (79)	27.5 (227)
Proportion of men who had alteration of medication to reduce its impact**	28.8 (19/66)	29.4 (86/293)	13.9 (11/79)	27.8 (63/227)
Documentation of performance of uinalysis	72.8 (407)	75.0 (953)	70.6 (314)	71.4 (590)
Documentation of examination of abdomen	79.1 (442)	82.5 (1048)	38.2 (170)	35.6 (294)
Documentation of performance of digital rectal examination	52.8 (295)	49.7 (632)	28.8 (128)	26.4 (218)
Documentation of GFR estimation without indication of renal impairment NR	28.3 (158)	38.7 (492)	9.4 (42)	15.0 (124)
Documented use of imaging for routine	40.6 (227)	36.2 (460)	14.6 (65)	13.4 (111)

assessment NR				
Documentation of bladder diary***	66.7 (373)	68.5 (871)	50.3 (224)	51.9 (429)
Documentation of post void residual volume estimation NR	48.5 (271)	38.9 (494)	54.6 (203)	35.6 (294)
Documented flow rate measurement NR	37.9 (212)	19.9 (253)	14.6 (65)	11.3 (93)
Proportion of men who underwent documented cystoscopy NR	35.4 (198)	22.9 (291)	7.9 (35)	7.7 (64)
Proportion of men with documented validated symptom score at initial assessment**** NR	18.1 (94/520)	13.3 (141/1064)	29.2 (119/408)	24.8 (184/743)

*Unless otherwise shown **Excludes those for whom medication could not be altered

*** Excludes those felt to be incompetent to use a diary

**** excludes those felt to be incompetent to complete a score, NR = Not recommended

Interpretation of results

Documented assessment of men with LUTS appears to be of lower quality in primary care and that in hospital care includes more investigations which are not recommended by NICE at initial assessment. The use of the DRE and validated symptom scores are lower than might be expected across both sectors. A lower proportion of older men appear to receive NICE compliant assessment.

Concluding message

Dissemination and training regarding the required standards need to be rolled out in order to meet the NICE guidelines for initial assessment.

References

1. The management of lower urinary tract symptoms in men, in Clinical guideline 97. 2010, National Clinical Guideline Centre: London, UK.

<i>Specify source of funding or grant</i>	Health Quality Improvement Partnership
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	in line with current guidelines of Patient Information Authority
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	No