

EDITORIAL

Clinical Research



To all men with urinary symptoms – seek help early!

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Prostate Cancer and Prostatic Diseases (2023) 26:449–450; <https://doi.org/10.1038/s41391-022-00594-7>

Benign prostatic hyperplasia (BPH) may seem like an inevitable destiny for aging men [1, 2], and many men would just accept it until the symptoms have severely impacted their lives [3]. What if men with BPH seek medical advice earlier? What if we adopt preventive measures to avoid progression of the disease? What if we intervene before BPH patients develop secondary detrusor hypertrophy? What if the urinary symptoms are caused by conditions other than BPH, does early recognition and subsequent management carry any implications? The “IMPROVING THE PATH” project from our Italian colleagues has provided important insights on this matter [4].

This is a project aiming to investigate the features of patients referring to the outpatient office due to BPH. In this cross-sectional study, 1671 patients with newly diagnosed BPH and 4144 patients with known BPH were included and compared. The known BPH group with a median diagnosis of 5 years had worse voiding and storage symptoms than the newly diagnosed BPH group. Interestingly, patients with known BPH had more frequent smoking and drinking habits, had less physical activity and a higher body mass index. The known BPH group also had higher proportions of pre-existing medical conditions such as hypertension, obesity, diabetes, impaired lipid profile and cardiovascular diseases. While the development of BPH can be multi-factorial, it is closely linked with our lifestyle habits and metabolic syndrome [5, 6]. The development of urinary symptoms should ring a bell for BPH, and more proactive interventions should be considered early on in order to avoid progression of the disease. Relieving bladder outlet obstruction before the development of secondary detrusor hypertrophy also leads to a higher chance of complete symptom resolution. A previous report also suggested that early BPH recognition and intervention could lead to better survival in long-run [7]. Although this may sound a bit far-fetched, but urinary symptoms can also be regarded as early signs of aging and aging-related diseases [8, 9]. Increased awareness leads to earlier and more stringent control of any underlying medical conditions, and logically this will have important effects on the patient’s well-being in long-run.

While this study certainly has a lot of merits, there are limitations that we need to bare in mind. First is its cross-sectional design which is hypothesis-generating but the evidence produced is relatively low-quality. While we recognize significant differences in the baseline characteristics between the newly diagnosed and known BPH groups, there is little implication on any possible causal relationships. Second, the diagnosis on BPH is primarily on clinical judgment, and there is no standardized protocol in working up these patients. Therefore, we are not certain if there are any other possible underlying conditions such

as hypocontractile bladder which may explain the urinary symptoms.

Nevertheless, this study does provide valuable insights on the importance of early recognition and management of BPH, which could be paramount in achieving maximal efficacy both in terms of BPH outcomes and patient’s overall well-being. For all men with urinary symptoms, seek medical advice early! And for urologists, we must assess our patients comprehensively for any possible urological or non-urological medical conditions, and always treat our patients in a holistic manner!

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AUTHOR CONTRIBUTIONS

JYT: Drafting of paper and critical revision.

COMPETING INTERESTS

The author declares no competing interests.

Received: 10 July 2022 Revised: 23 July 2022 Accepted: 31 August 2022
Published online: 16 September 2022

ADDITIONAL INFORMATION

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