

# BPH or OAB?

## *A Differential Diagnosis Guide for Clinicians*

Lower urinary tract symptoms are a common occurrence in primary care offices, especially among older male patients. Many conditions may cause or worsen lower urinary tract symptoms; among men, the two most common are overactive bladder (OAB) and benign prostatic hyperplasia (BPH). Some men may have both BPH and OAB.

Individuals with lower urinary tract symptoms often struggle with strong feelings of shame, humiliation and fear of an accident. Quality of life, social relationships, and sexual relationships may suffer.

### What is OAB?

According to the International Continence Society, "OAB is a symptom syndrome that is defined as 'urgency, with or without urinary incontinence, usually with frequency and nocturia'.<sup>1</sup> Overactive bladder is often considered a "woman's disease" because women are more likely to experience incontinence. However, OAB prevalence rates are just as high in men.<sup>2</sup> Overall, up to 17% of American adults suffer from overactive bladder.<sup>3</sup>

### What is BPH?

Benign prostatic hyperplasia (or benign prostatic hypertrophy) occurs when a man's prostate begins to enlarge or exhibit increased muscle tone. This is common and may happen slowly over many years. More than half of men aged 50-60 have BPH; incidence increases with age. Although not everyone with hyperplastic prostate exhibits symptoms, more than 9 million American men suffer from effects of BPH.<sup>4</sup> Symptoms include: difficulty voiding; a hesitant, interrupted, or weak stream of urine; a sense of urgency; incontinence or dribbling of urine; and frequent voiding, especially at night.

### Four Steps to Accurate Diagnosis

- 1. Symptoms.** Physicians should ask patients about: frequency of micturition; amount of urine released; episodes of stress incontinence or urge incontinence; and nocturia. A patient bladder diary may be particularly helpful. Validated questionnaires such the OAB -q<sup>5</sup> and the International Prostate Symptom Score (IPSS)<sup>6</sup> are useful for gathering symptom information, but should not be used as diagnostic tools.
- 2. History.** The clinician should make note of the patient's past medical history: prior surgeries, especially prostate surgeries; family history; and recent medication changes and illness.
- 3. Physical Exam.** The physician should perform a quick abdominal and neurological exam and a thorough examination of the external genitalia. A detailed digital-rectal prostate exam is necessary to assess rectal tone and pelvic floor muscles and to evaluate the condition of the prostate. Cystoscopy may also be useful to determine if urine remains in the bladder after voiding.<sup>7</sup>
- 4. Lab tests.** Urinalysis will reveal hematuria, protein, glucose or symptoms of infection; these results may indicate an alternate cause of the lower urinary tract symptoms and may necessitate referral or treatment. A prostate-specific antigen (PSA) test may also be performed, depending on the man's decision on prostate cancer screening.<sup>8</sup>

## Diagnosis.

Although a definitive diagnosis necessitates advanced testing, clinicians can make an informed probable diagnosis based on the information described above. Benign prostatic hyperplasia is the more common provisional diagnosis because it is the more common underlying cause and minimal testing is required.<sup>9</sup> However, before immediately diagnosing a lower urinary tract condition, consider the type of symptom: is there a storage issue, a voiding issue, or both? Among patients who show symptoms related to storage of urine (frequent voiding, urgency), overactive bladder is the likely cause. On the other hand, individuals exhibiting problems with urine expulsion such as interrupted flow are more likely to have BPH. It is possible – indeed, common – for patients to have both OAB and BPH.

Treatment for lower urinary tract conditions varies widely. Patients who choose to undergo treatment may benefit from pelvic floor exercises, biofeedback, and behavioral therapy such as timed voiding and bladder training. Several medications are also indicated for OAB or BPH and can be very effective. If other treatments prove ineffective, surgery may be indicated. Health care providers should recognize and respect that some patients do not feel that their symptoms are bothersome enough to require treatment.

### Medications approved for overactive bladder<sup>11, 12</sup>

#### Antimuscarinics

- Darifenacin
- Fesoterodine
- Oxybutinin
- Solifenacin
- Tolterodine

#### Muscle Contraction Inhibition

- Botulinum toxin—not FDA approved for this indication
- Resiniferatoxin—not currently available in the US

#### Quarternary Armine

- Trosipium

### Medications approved for BPH<sup>13</sup>

#### Alpha-blockers

- Terazosin
- Doxazosin
- Tamulosin
- Alfuzosin

#### 5-alpha reductase inhibitors

- Finasteride
- Dutasteride
- Saw palmetto—as with all herbal therapies, Saw Palmetto is not reviewed or approved by the FDA

There has been concern that antimuscarinic treatment of OAB may cause difficulty urinating or urinary retention in men who also have BPH. However, studies have indicated this is not the case; combination therapy with antimuscarinics and alpha-blockers has proven significantly beneficial for men with both BPH and overactive bladder.<sup>10</sup>

[1] International Continence Society. ICS Factsheet 2—Overactive Bladder. [www.icsoffice.org](http://www.icsoffice.org). July 2005.

[2] Milsom I, Abrams P, Cardozo L, et al. How widespread are the symptoms of overactive bladder and how are they managed? A population-based prevalence study. *BJU Int* 2001;87:760-6.

[3] Rosenberg MT, Newman DK, Tallman CT, Page SA. Overactive bladder: Recognition requires vigilance for symptoms. *Cleveland Clinic Journal of Medicine*. 2007;74:821-829.

[4] Rosenberg MT, Staskin DR, et al. A practical guide to the evaluation and treatment of male lower urinary tract symptoms in the primary care setting. *Int J Clin Pract*. 2007;61:1535-46.

[5] Coyne K, Revicki D, et al. Psychometric validation of an overactive bladder symptom and health-related quality of life questionnaire: the OAB-q. *Qual Life Res*. 2002;11:563-74.

[6] Barry MJ, Fowler FJ Jr, et al. The American Urological Association symptom index for benign prostatic hyperplasia. The Measurement Committee of the American Urological Association. *J Urol*. 1992;148:1549-57.

[7] Rosenberg MT, Staskin DR, et al. A practical guide to the evaluation and treatment of male lower urinary tract symptoms in the primary care setting. *Int J Clin Pract*. 2007;61:1535-46.

[8] *Ibid.*

[9] *Ibid.*

[10] *Ibid.*

[11] Novara G et al. *Eur Urol*. 2008;54:740-63

[12] Karsenty G et al. *Eur Urol*. 2008;53:275-87

[13] Neal RH, Keister D. *J Fam Pract*. 2009 May;58(5):241-7

**IPMA**

Practice-changing CME

Madison, WI 608.231.9045

[www.ipmameded.org](http://www.ipmameded.org)

## For Additional Physician Resources

American Urological Association  
[www.auanet.org](http://www.auanet.org)

Successful Strategies to Treat Your OAB Patient  
[www.SuccessfulStrategiesforOAB.org](http://www.SuccessfulStrategiesforOAB.org)