

## Current Trends in Lower Urinary Tract Health Highlights From Annual Advances in Genitourinary Health: A Scientific Update

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Significant progress has been made in recent years in the understanding and management of lower genitourinary tract disorders. Such advances pertain to common voiding disorders as well as to sexual function disorders occurring in both men and women. OAB has received considerable clinical and academic attention in recent years, which has led to a better understanding of the condition. One of the more significant developments has been the revised definition of OAB of the International Continence Society, characterizing it primarily by its symptom of urinary urgency. Patients with OAB may or may not experience UI, but the majority experience micturition frequency and nocturia. Regardless of whether incontinence is present, OAB has the potential to significantly impair quality of life in an individual. Embarrassment leads many patients to avoid social interaction, and the common misconception that UI is an unavoidable part of the aging process prevents many from seeking treatment. Sexual dysfunctions in men and women have come to light as major quality of life issues but also as public health concerns. Sexual dysfunction may have both physical and emotional causes, which may coexist in the same patient and, like UI, it is frequently an embarrassing condition for patients to address, both with their physician and their partner.

This supplement to *The Journal of Urology*® summarizes some of the critical research data and other materials presented October 22 to 23, 2004 at Annual Advances in Genitourinary Health: A Scientific Update in Chicago, Illinois. The purpose of the meeting was to bring practitioners from various fields of medicine together, including urologists, gynecologists and urogynecologists, primary care specialists, and clinicians of all types, to discuss and exchange up-to-date information in an interactive and scholarly forum. The focus of the Scientific Update was broad, including lower urinary tract symptoms in men and women, sexual dysfunction, guidelines for managing urological cancers, and surgical issues in obstetrics and gynecology; and it included a State-of-the Art Lecture in Complementary Medicine for Men. The authors of the following review

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articles discuss OAB and other GU conditions that present challenges to clinicians performing the initial evaluation. Readers will note a common theme throughout these articles: the importance of differential diagnosis. In each of the GU conditions discussed, consideration must be given to onset (acute vs chronic), origin (organic vs psychogenic), a thorough medical history, and comorbidities that may mask or confound diagnosis and management. Understanding the precise definitions of these disorders is extremely important to ensure appropriate diagnosis. It is equally important to keep the patient (and possibly the partner or caregiver) involved in determining the appropriate course of treatment, because patient views regarding the risks and benefits of treatment will vary.

In the first article, Doctors Wein and Rackley offer an overview of the latest information regarding OAB, including prevalence, pathophysiology, and the latest data regarding treatment options. Doctor DuBeau follows with a discussion of age related changes in the GU system and how this impacts the management of LUTS. The high prevalence of comorbidities and polypharmacy in older patients also has an effect on LUTS and their management.

Doctor Weiss follows with an article on nocturia and the algebraic formulas involved in determining the etiology of micturition frequency during sleep hours. Nocturnal polyuria, decreased nocturnal bladder capacity, mixed etiology, and global polyuria can be differentiated through the use of a bladder diary and a calculator, thus, determining optimal management. In the fourth article, Doctors Burnett and Wein explain the different types of prostate disorders, particularly benign prostatic hyperplasia, and how they can affect the lower urinary tract. Benign prostatic hyperplasia is not a disorder in and of itself; it is a histological diagnosis that can lead to prostate enlargement and possibly to benign prostate obstruction. Very effective treatments are available, but they vary in the degree of invasiveness and the risk/benefit profile.

Our last article deals with sexual dysfunction. Doctor Burnett offers a comprehensive update on erectile dysfunction, which has a more complex etiology than many clinicians realize. Far from being purely psychogenic in origin, erectile dysfunction is a neurovascular phenomenon that may prove to be predictive of cardiovascular disease. Numerous treatment modalities are available; the patient and partner have important roles in determining the best course of action.

This supplement is intended to serve as an educational resource by compiling current data and treatment guidelines considered appropriate for clinicians who treat patients with LUTS and other GU disorders. Research in this area is ongoing, but much progress has been made in determining optimal treatment protocols for this patient population.

**Abbreviations and Acronyms**

GU	=	genitourinary
LUTS	=	lower urinary tract symptoms
OAB	=	overactive bladder
UI	=	urinary incontinence