Referral criteria for benign prostatic hyperplasia in primary care. The 2011 update

Criterios de derivación de la hiperplasia benigna de próstata para atención primaria. Versión 2011

Dear Editor:

I am sending the following letter with the intention of communicating the Spanish urologists the update of the document of the referral criteria in benign prostatic hyperplasia (BPH) for primary care (PC) published in Actas Urológicas Españolas in 2010.1

Since the publication of the first version, a great amount of clinically relevant innovations that justify the update of the same have emerged in its management, so that these referral criteria of the patient seen in PC to specialist care (SC) are grounded in the latest published evidence, all as a result of consensus emerged among the authors, representing PC companies (SEMERGEN, SEMG, and SEMFYC) and the Asociación Española de Urología (AEU).

We have included the stratification of patients by risk factors which has recently been published by the British NICE (National Institute for Clinical Excellence), based on the publication of the last major studies on the treatment of the pathology, such as the CombAT study; the 2011 guidelines of the European Association of Urology and the 2001 guidelines of the American Urological Association.

Regarding the diagnosis, the value of the anamnesis is revised, with the IPSS as the best validated test in Spanish, the value of the rectal examination as a fundamental test to assess size and normality or not of the prostatic surface, as well as laboratory tests (blood and sedimentation test), and finally, the information on the usual PSA is updated, with its cut-off points of normality and circulating forms (total PSA, free PSA), and its diagnostic value.

From the discussion of all these variables, the Working Group established a diagnostic and therapeutic decision algorithm based on the results for whether or not to proceed or not to referral from PC to SC (Fig. 1).

In the treatment of BPH, its different management options are updated, ranging from changing daily habits and lifestyle to medical treatment with the different groups of drugs available to us today as pharmacological arsenal, leaving surgery for those patients not responding to medical treatment of first or second choice. For this revision, we have taken the levels of evidence into account.

Likewise, the equally important chapter of the moment and periodicity of revisions to assess both the effectiveness of the selected treatment to assess the side effects by the PC physician, as well as the attitudes to follow consistently in each case, is established.

As mentioned above, the final product is a tool that establishes the management of the BPH and its referral criteria in both levels of care, PC and SC, being agreed by the main companies of PC and the AEU, which is a guarantee of success in its application, and it also shows us a new way to establish a real collaboration in the management of other prevalent urological pathologies, whose management and referral criteria concern all the physicians involved in its diagnosis and treatment.

It is expected that all such new scientific knowledge is incorporated by PC physicians and urologists in their usual clinical practice; only then they will reach their ultimate beneficiary, who is none other than the patient with this disease. If so, together, we will have achieved the main goal of this project, which has enjoyed the logistics cooperation of GlaxoSmithKline.

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**Reference**


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