

Αμφισβητώντας τα Guidelines της ΚΥΠ: Τα περιστατικά όπου έχουμε σαφή απάντηση



Σταύρος Γκράβας

Ουρολογική Κλινική
Πανεπιστημιακό Νοσοκομείο Λάρισας

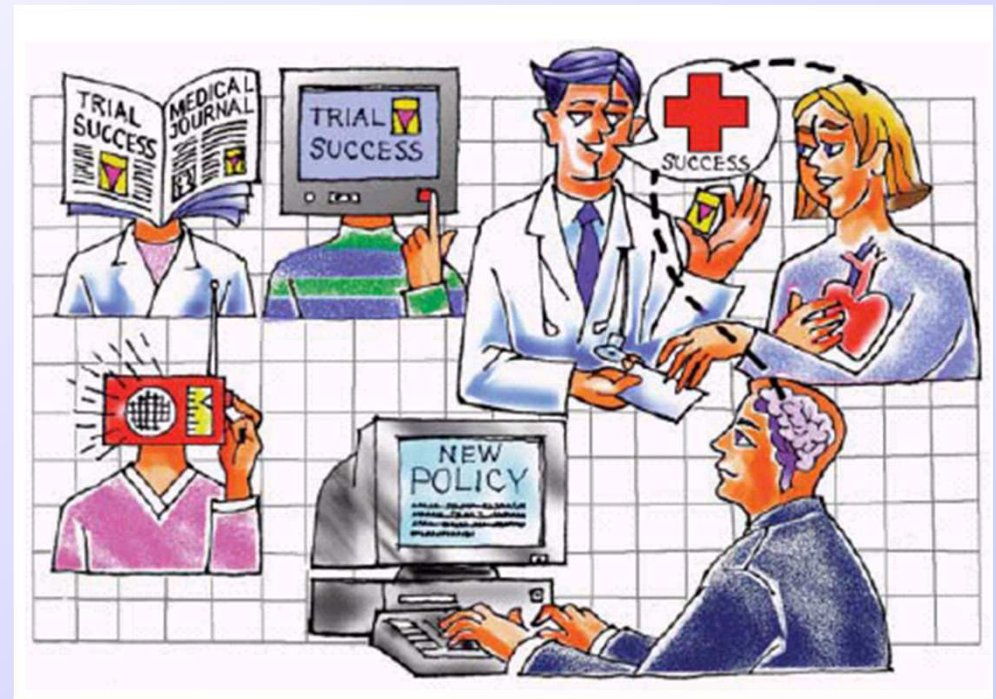
Conflict of interest

Speaker Honoraria: GSK

Company Consultant: Pierre Fabre Medicament
GSK

Clinical Practice Guidelines

- Systematically developed statements
- To assist practitioner and patients decisions about appropriate healthcare for specific clinical conditions and /or circumstances



Field MJ and Lohr KN, 1992

Χρησιμότητα των Guidelines

From Evidence to **Guidelines** to Clinical Practice

Γεφυρώνουν το χάσμα ανάμεσα στο
τι υποστηρίζουν τα επιστημονικά
στοιχεία και στο τι κάνουν οι κλινικοί

Guidelines

EAU Guidelines on the Treatment and Follow-up of Non-neurogenic Male Lower Urinary Tract Symptoms Including Benign Prostatic Obstruction

Matthias Oelke^a, Alexander Bachmann^b, Aurélien Descazeaud^c, Mark Emberton^d, Stavros Gravas^{e,}, Martin C. Michel^f, James N'Dow^g, Jørgen Nordling^h, Jean J. de la Rosetteⁱ*

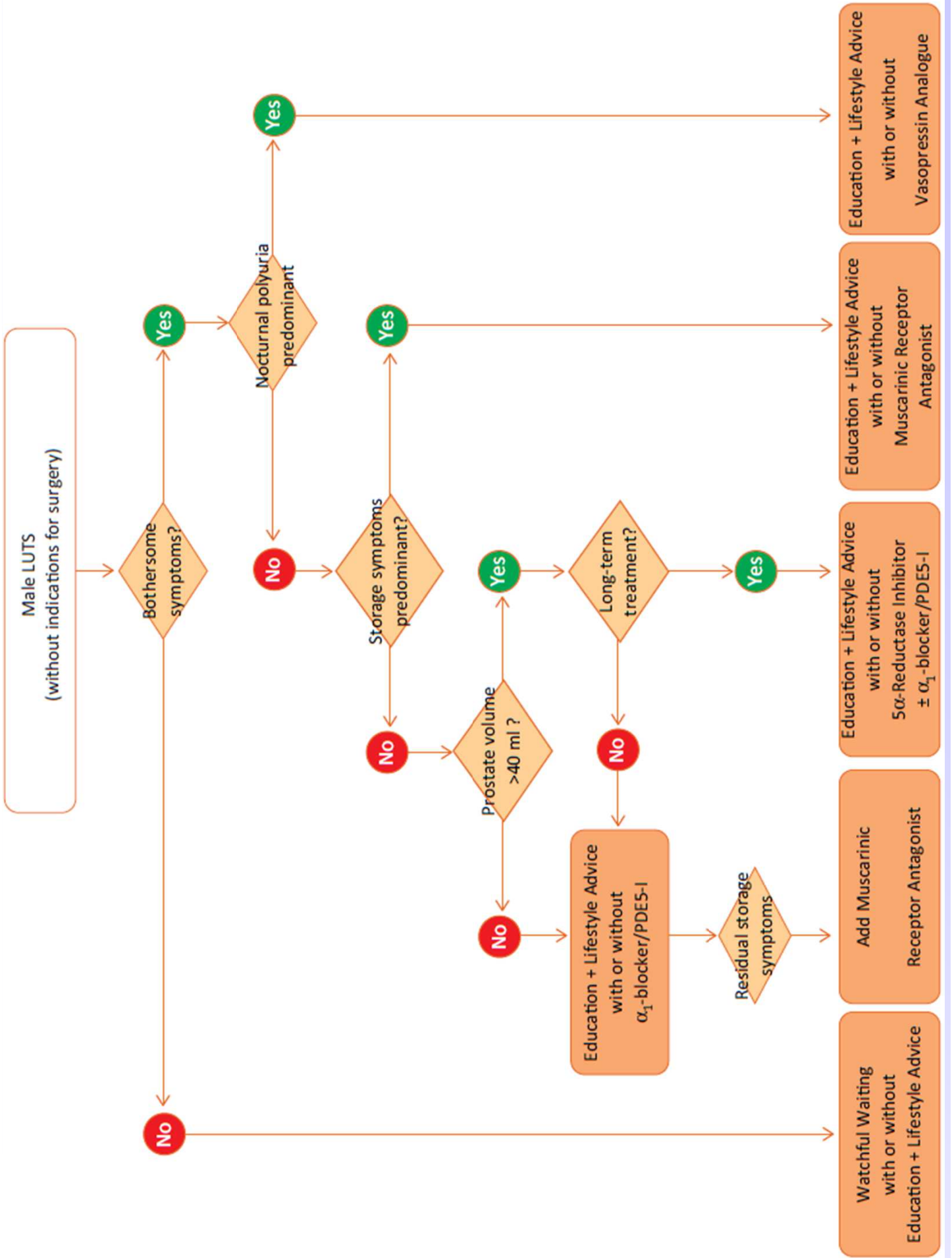
Conservative treatment: watchful waiting

Men with mild symptoms are appropriate for watchful waiting.

Men with LUTS should always be offered lifestyle advice prior to or concurrent with treatment.

Drug treatment

1. α_1 -Blockers can be offered to men with moderate-to-severe LUTS. 1a A
2. 5 α -Reductase inhibitors can be offered to men who have moderate-to-severe LUTS and an enlarged prostate (>40 ml). 1b A
3. 5 α -Reductase inhibitors can prevent disease progression with regard to acute urinary retention and need for surgery. 1b A
3. Muscarinic receptor antagonists may be used in men with moderate-to-severe LUTS who have predominantly bladder storage symptoms. 1b B
3. Carefulness is advised in men with BOO. 4 C
4. Phosphodiesterase type 5 inhibitors reduce moderate-to-severe (storage and voiding) LUTS in men with or without erectile dysfunction. 1b A
5. Only tadalafil (5 mg once daily) has been licensed for the treatment of male LUTS in Europe. 1b A
5. Vasopressin analogue can be used for the treatment of nocturia due to nocturnal polyuria. 1b A
6. Combination treatment with an α_1 -blocker together with a 5 α -reductase inhibitor can be offered to men with bothersome moderate-to-severe LUTS, enlarged prostates, and reduced Q_{max} (men likely to develop disease progression). 1b A
7. Combination treatment with an α_1 -blocker together with a muscarinic receptor antagonist may be used in patients with bothersome moderate-to-severe LUTS if relief of storage symptoms has been insufficient with the monotherapy of either drug. 1b B
7. Combination treatment should carefully be prescribed in men who may have BOO. 2b B



Παρουσίαση Κλινικού περιστατικού

♂ Ηλικίας 61 ετών

- Ήπια συχνουρία – νυκτουρία
- κάποια δυσκολία στην έναρξη
- «Ήρθα κυρίως προληπτικά»
- Πίνω κανένα αναψυκτικό
όταν βλέπω τηλεόραση και ένα
ποτήρι νερό πριν κοιμηθώ με το
χάπι της πίεσης

Ιστορικό:

- Αρτ. Υπέρταση υπό καπτοπρίλη
- Καπνιστής



Male LUTS
(without indications for surgery)

Bothersome symptoms?

No

Symptoms / Score	Not at all	Less than 1 time in 5	Less than half the times	Around half the times	More than half the times	Almost always
Do you have a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5
Do you have to urinate again less than 2 hours after you finish urinating?	0	1	2	3	4	5
Do you stop and start several times when you urinate?	0	1	2	3	4	5
How often is it difficult to postpone urination?	0	1	2	3	4	5
Do you have a weak urinary stream?	0	1	2	3	4	5
Do you often have to push or strain to begin urination?	0	1	2	3	4	5
	Never	1 Time	2 Times	3 Times	4 Times	5 Times
How many times do you get up to urinate from the time you go to bed at night until you get up in the morning?	0	1	2	3	4	5

Ιστορικό
Ποσοτικοποίηση συμπτωμάτων
Παρακολούθηση

Watchful Waiting
with or without
Education + Lifestyle Advice

Quality of life due to urinary symptoms	Delighted	Pleased	Mostly satisfied	Mixed – about equally satisfied and dissatisfied	Mostly dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?	0	1	2	3	4	5	6

Παρουσίαση Κλινικού περιστατικού

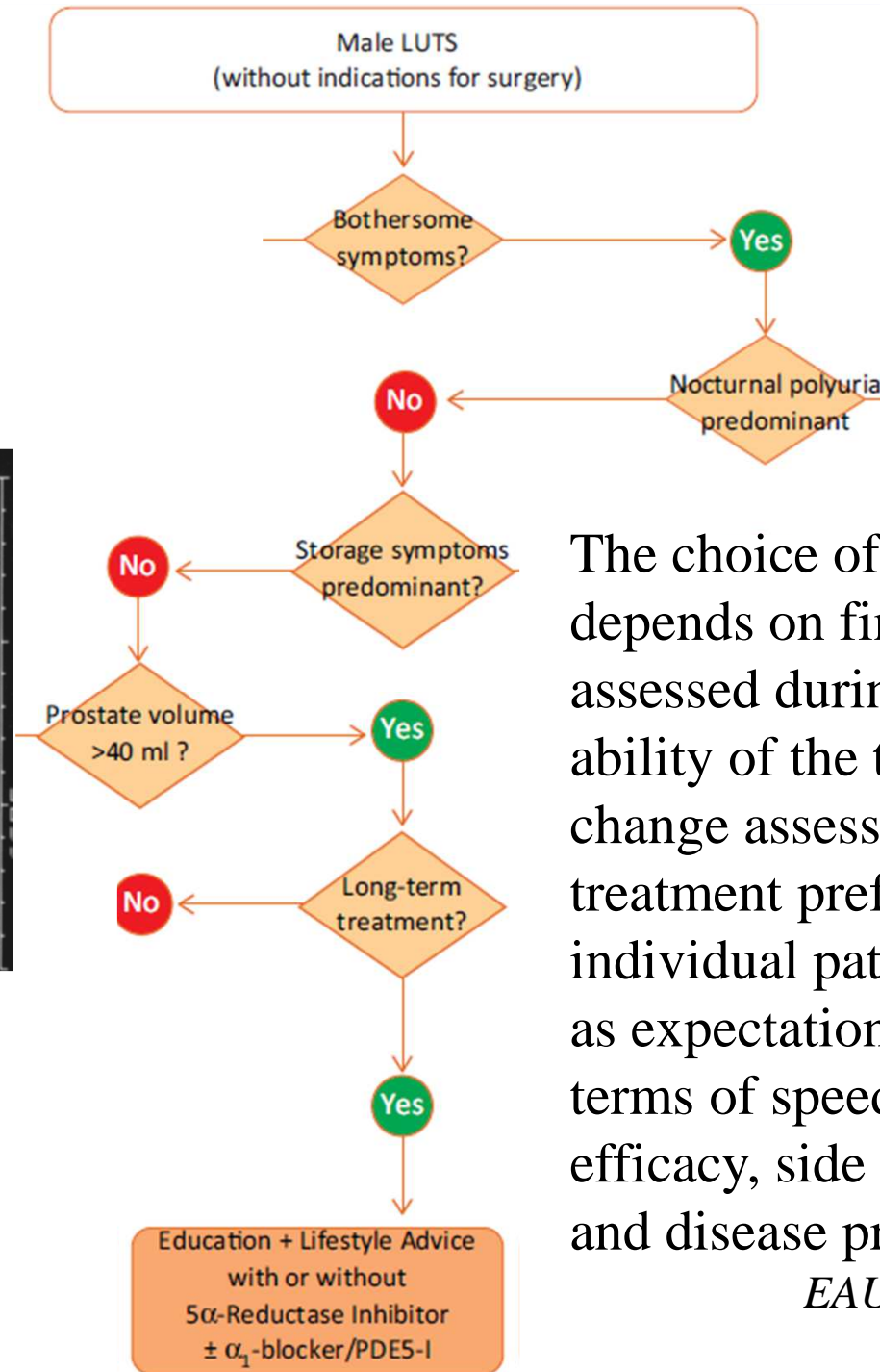
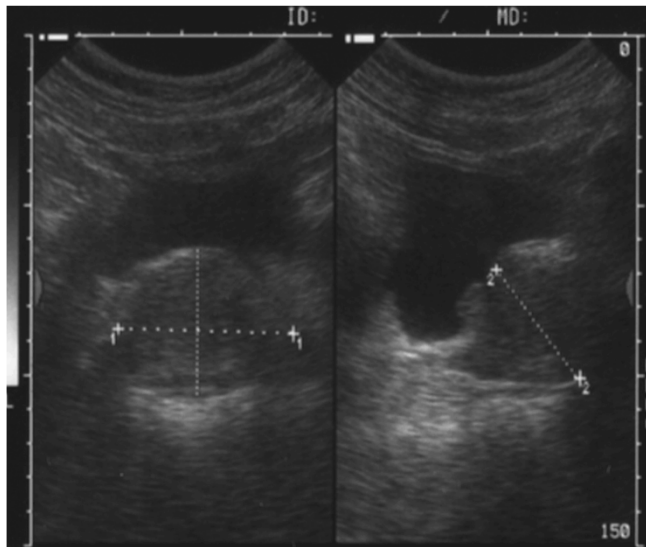
♂ Ηλικίας 65 ετών

- Συχνουρία – νυκτουρία (1-2 φορές) - δυσκολία στην έναρξη –μειωμένη ακτίνα
- Από 4ετίας αλλά τον τελευταίο χρόνο.....
- Sex; Για την ηλικία μου καλά είμαι γιατρέ..

Ιστορικό:

- Αρτ. Υπέρταση υπό καπτοπρίλη
- Καπνιστής





The choice of treatment depends on findings assessed during evaluation, ability of the treatment to change assessed findings, treatment preferences of the individual patient, as well as expectations to be met in terms of speed of onset, efficacy, side effects, QoL, and disease progression

EAU Guidelines 2013

Παρουσίαση Κλινικού περιστατικού

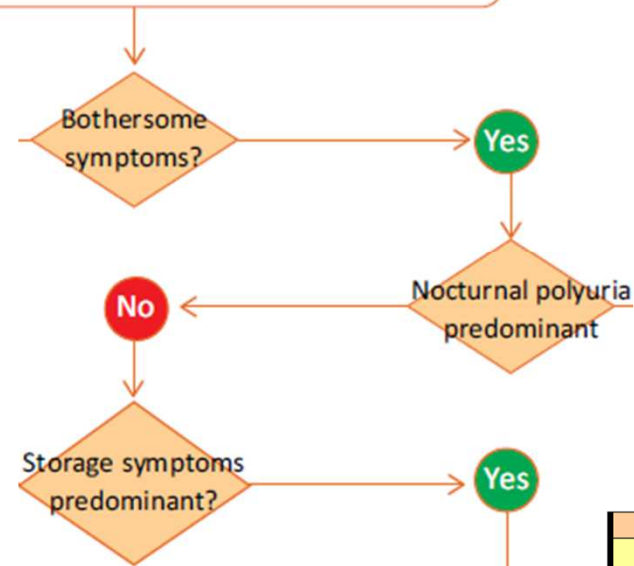
♂ Ηλικίας 58 ετών

- Συχνουρία – νυκτουρία – επιτακτικότητα – δυσκολία στην έναρξη («μάλλον το αντίθετο») – μειωμένη ακτίνα: μερικές φορές
 - Ενοχλείται κυρίως από τη νυκτουρία (3-4 φορές)...
 - Κυρίως τον τελευταίο χρόνο.....
- Ιστορικό:**
- Υπερχοληστεριναιμία
 - Καπνιστής



Male LUTS
(without indications for surgery)

Symptoms / Score	Not at all	Less than 1 time in 5	Less than half the times	Around half the times	More than half the times	Almost always
Do you have a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5
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	Never	1 Time	2 Times	3 Times	4 Times	5 Times
How many times do you get up to urinate from the time you go to bed at night until you get up in the morning?	0	1	2	3	4	5



Έλεγχος
Q_{max}: ?
PVR: ?

Day 1					
Drinks			Urine		
Time	Type	Quantity In mls	Time	Volume In mls	Leak?

Education + Lifestyle Advice
with or without
Muscarinic Receptor
Antagonist

Παρουσίαση Κλινικού περιστατικού

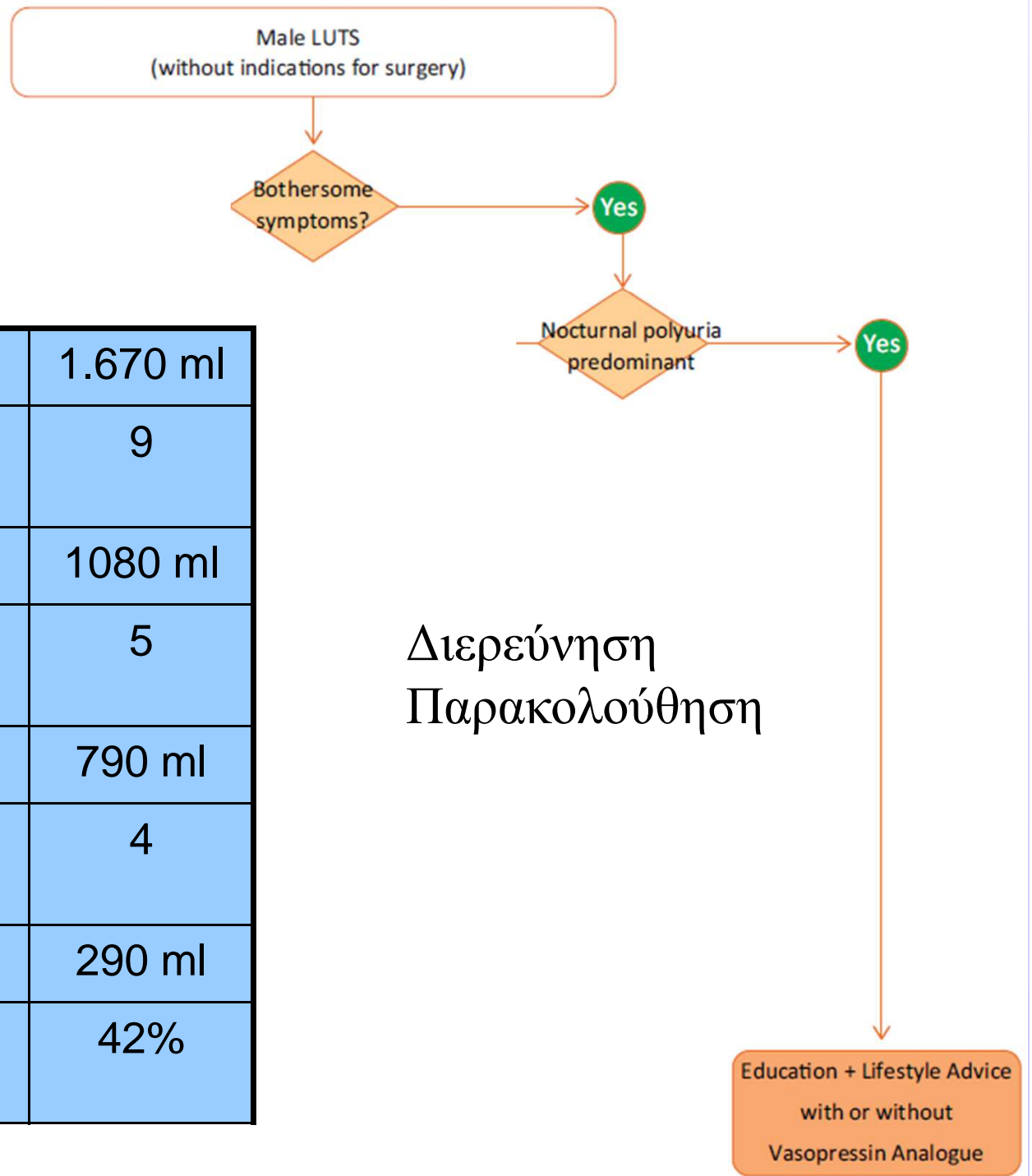
♂ Ηλικίας 63 ετών

- Νυκτουρία – μικρή δυσκολία στην έναρξη – μειωμένη ακτίνα: μερικές φορές
- Ενοχλείται κυρίως από τη νυκτουρία (4-5 φορές)...
- Κυρίως τον τελευταίο χρόνο.....

Ιστορικό:

- Υπερχοληστεριναιμία
- Καπνιστής





Όγκος ούρων 24ώρου	1.670 ml
Συνολικός αριθμός ουρήσεων	9
Όγκος ούρων (ημέρα)	1080 ml
Αριθμός ημερησίων ουρήσεων	5
Όγκος ούρων (νύκτα)	790 ml
Αριθμός νυκτερινών ουρήσεων	4
Μέγιστος όγκος ούρησης	290 ml
Δείκτης νυκτερινής πολυουρίας	42%

Πότε θα ξαναδείτε τον ασθενή σας;

Θεραπεία	1^ο FU	2^ο FU
Απλή παρακολούθηση	6m	12m
Τροποποίηση συνηθειών	6m	12m
A-blocker	4-6wks	6m
A-blocker + 5aRI	4-6wks	6m
5aRI	12wks	6m
Antimuscarinics	4-6wks	6m
A-blocker + antimuscarinics	4-6wks	6m

Οι ασθενείς πρέπει να ελέγχονται προκειμένου να αξιολογηθεί η ανταπόκριση στη θεραπεία, η ύπαρξη ανεπιθύμητων ενεργειών
Το διάστημα καθορίζεται από το είδος της θεραπείας και η επανεκτίμηση γίνεται ανά 6 μήνες και κατόπιν ετησίως

Guidelines

EAU Guidelines on the Treatment and Follow-up of Non-neurogenic Male Lower Urinary Tract Symptoms Including Benign Prostatic Obstruction

Surgical treatment

- M-TURP is the current surgical standard procedure for men with prostate sizes of 30–80 ml and bothersome moderate-to-severe LUTS secondary of BPO. M-TURP provides subjective and objective improvement rates superior to medical or minimally invasive treatments.

The morbidity of M-TURP is higher than for drugs or other minimally invasive procedures.

B-TURP achieves short- and midterm results comparable with M-TURP.

B-TURP has a more favorable perioperative safety profile compared with M-TURP.

TUIP is the surgical therapy of choice for men with prostate sizes <30 ml, without a middle lobe, and bothersome moderate-to-severe LUTS secondary to BPO.

Open prostatectomy or holmium laser enucleation is the first choice of surgical treatment in men with prostate sizes >80 ml and bothersome moderate-to-severe LUTS secondary to BPO needing surgical treatment.

Open prostatectomy is the most invasive surgical method with significant morbidity.

TUMT and TUNA achieve symptom improvement comparable with TURP, but they are associated with decreased morbidity and lower flow improvements.

Durability is in favour of TURP with lower retreatment rates compared with TUMT or TUNA.

HoLEP and 532-nm laser vaporisation of the prostate are alternatives to TURP in men with moderate-to-sever LUTS due to BPO leading to immediate, objective, and subjective improvements comparable with TURP.

The intermediate-term functional results of 532-nm laser vaporisation of the prostate are comparable with TURP.

The long-term functional results of HoLEP are comparable with TURP/open prostatectomy.

Diode laser operations lead to short-term objective and subjective improvement.

ThuVaRP is an alternative to TURP for small- and medium-size prostates.

ThuVEP leads to short-term objective and subjective improvement.

With regard to intraoperative safety and hemostatic properties, diode and thulium lasers appear to be safe.

With regard to intraoperative safety, 532-nm laser vaporization is superior to TURP.

532-nm laser vaporization should be considered in patients receiving anticoagulant medication or with a high cardiovascular risk.
- 1a A

1a A

1a A

1a A

1a A

1b A
- 1b A

1b A

1a A

1a A
- 1a A

1a A

3 C

1b A

3 C

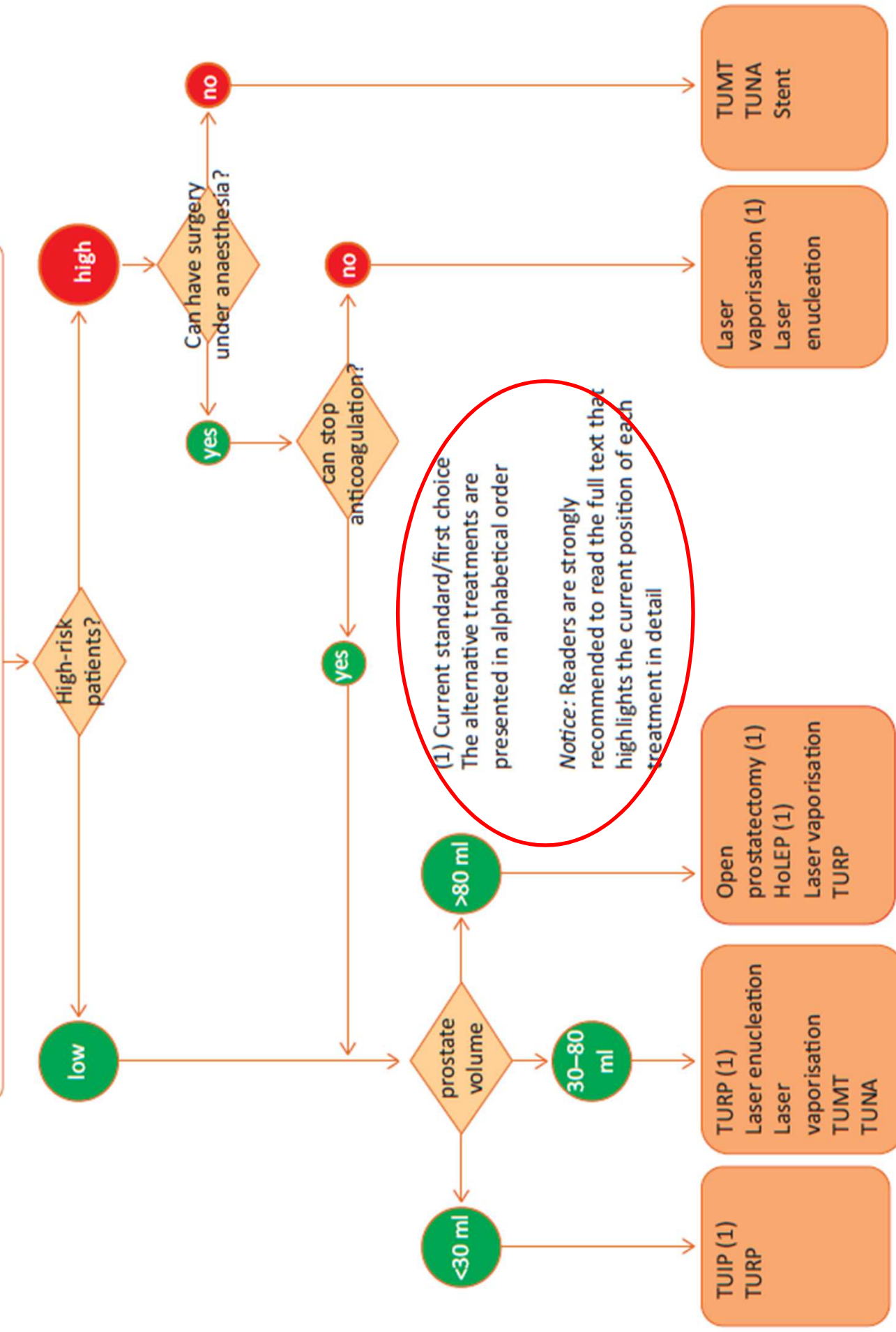
3 C

1b A

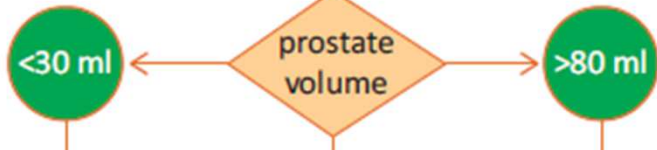
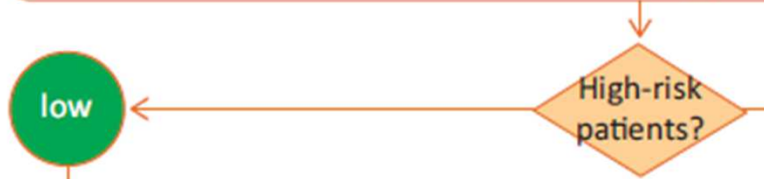
3 B

Male LUTS

with absolute indication for surgery or nonresponders to medical treatment or those who do not want medical therapy but request active treatment



Male LUTS
with absolute indication for surgery or nonresponders to medical treatment
or those who do not want medical therapy but request active treatment



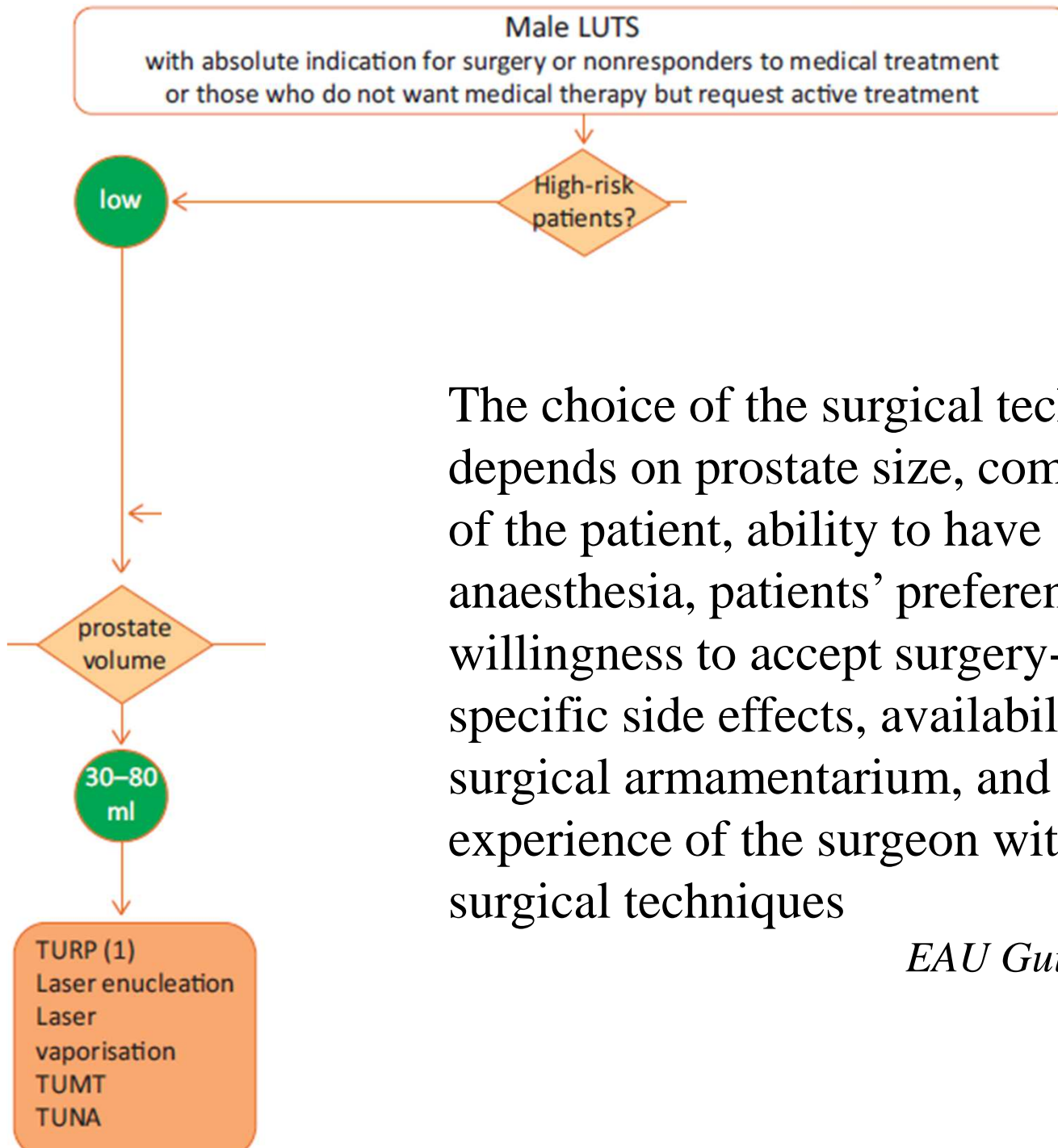
TUIP (1)
TURP

Open prostatectomy (1)
HoLEP (1)
Laser vaporisation
TURP

Absolute indications:

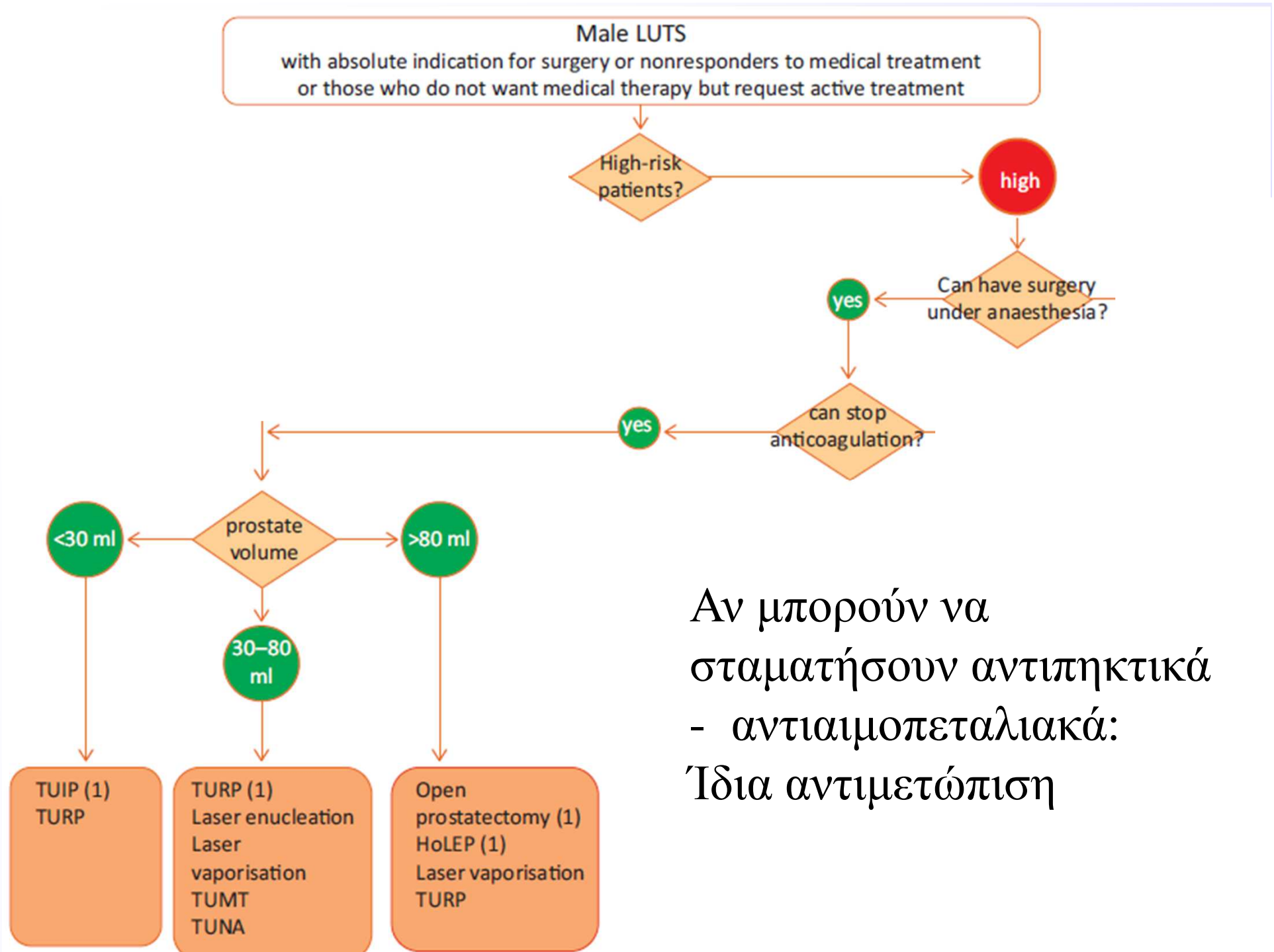
- recurrent or refractory urinary retention
- overflow incontinence
- recurrent UTIs
- bladder stones or diverticula
- treatment-resistant macroscopic haematuria due to BPH/BPE
- dilatation of the upper urinary tract due to BPO with or without renal insufficiency

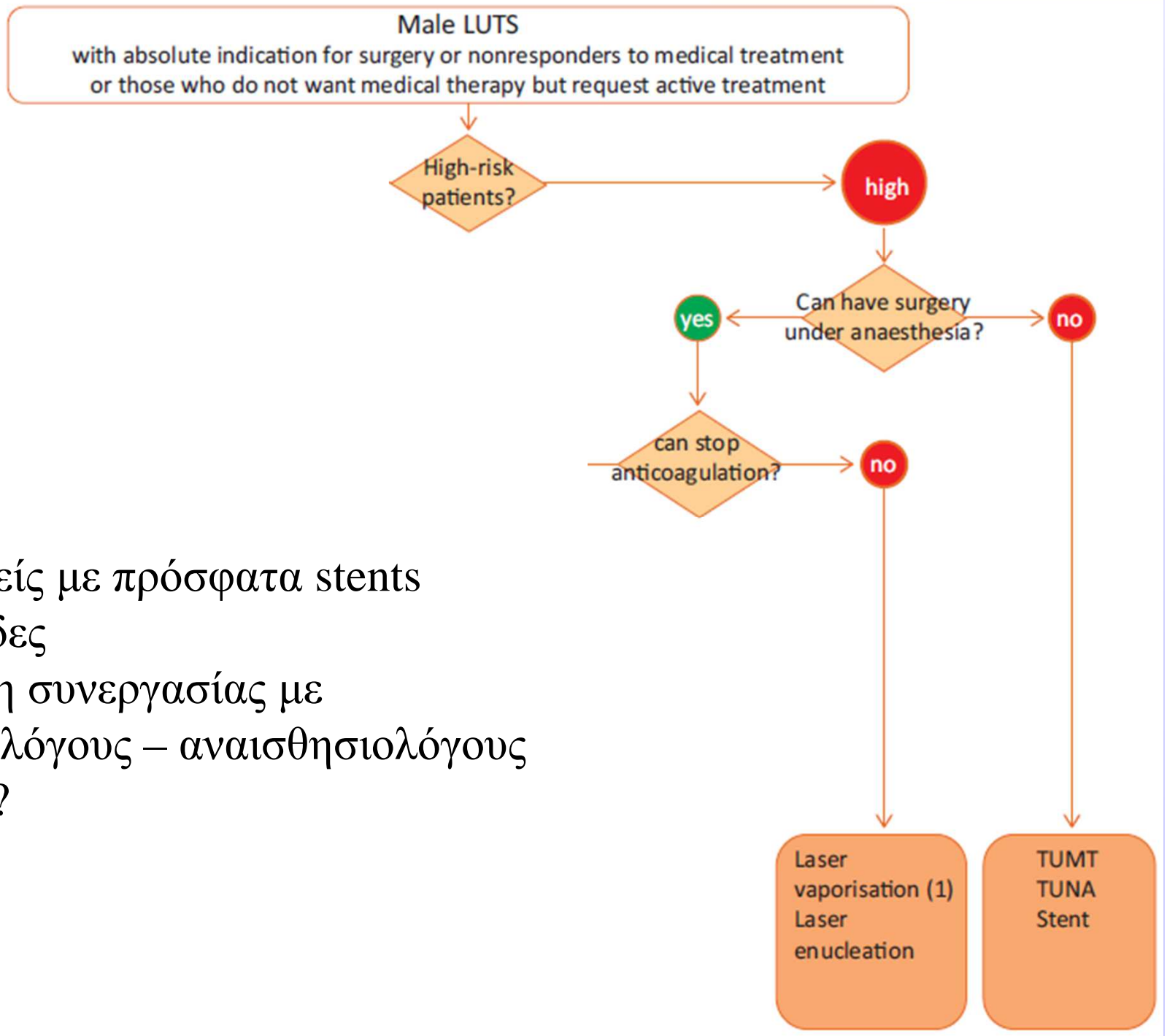
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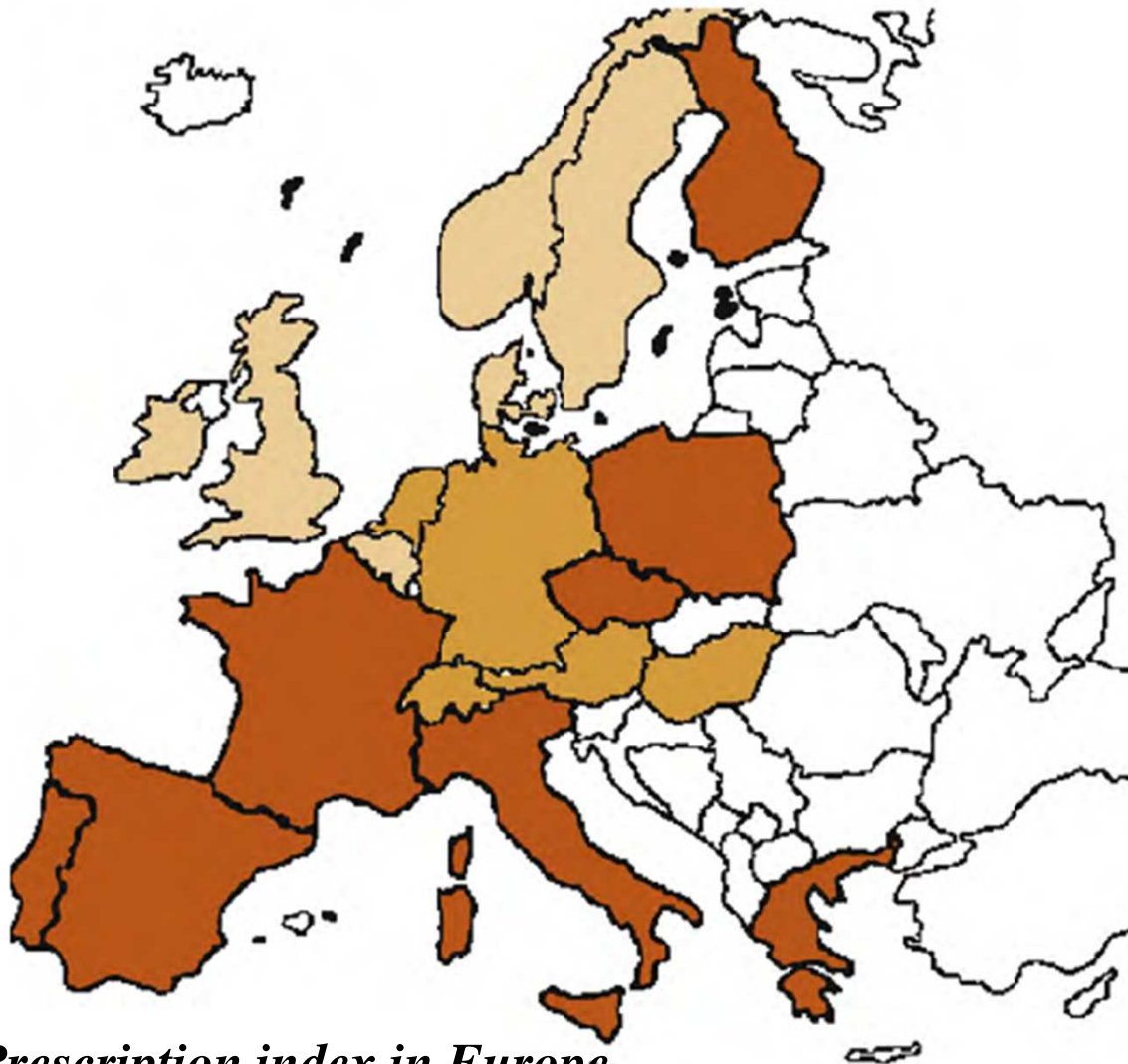
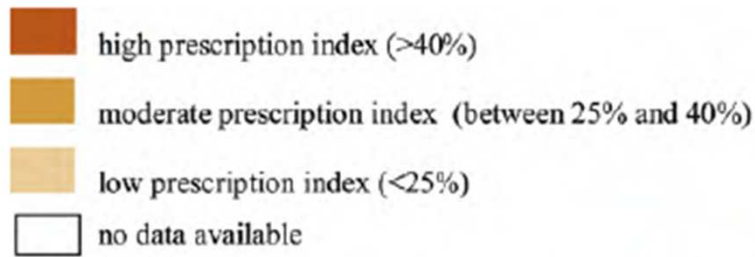
The choice of the surgical technique depends on prostate size, comorbidities of the patient, ability to have anaesthesia, patients' preferences, willingness to accept surgery-associated specific side effects, availability of the surgical armamentarium, and experience of the surgeon with these surgical techniques

EAU Guidelines 2013





Ασθενείς με πρόσφατα stents
Βαλβίδες
Ανάγκη συνεργασίας με
καρδιολόγους – αναισθησιολόγους
Πόσοι?



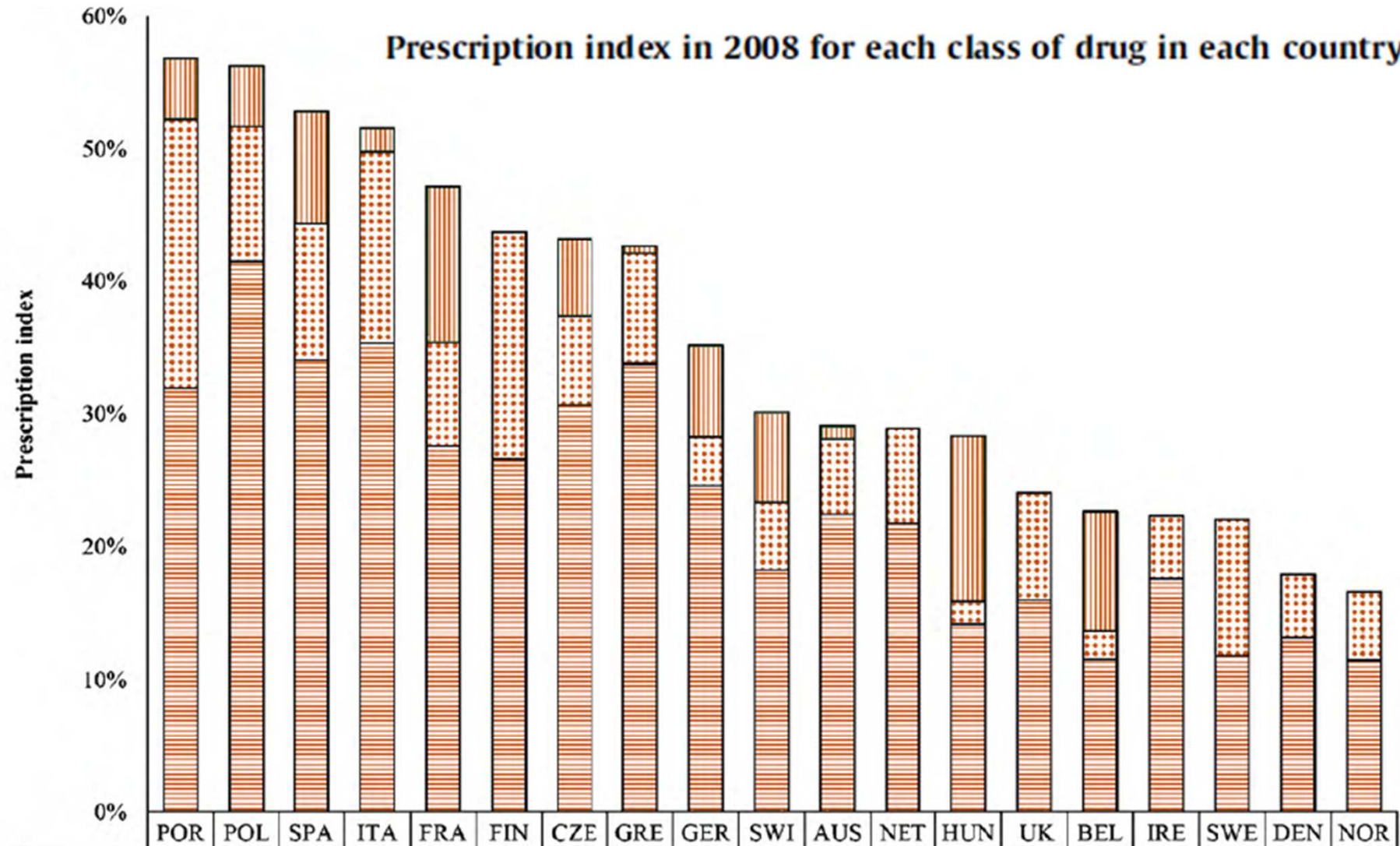
Prescription index in Europe

A Widespread Population Study of Actual Medical Management of LUTS Related to BPH Hyperplasia Across Europe and Beyond Official Clinical Guidelines

Διαφορές μεταξύ χωρών στην Ευρώπη αν και η συχνότητα της BPH και οι Guidelines είναι παρόμοιες

Cornu JN et al Eur Urol 2010

Prescription index in 2008 for each class of drug in each country.



Plants	5%	5%	8%	2%	12%	0%	6%	1%	7%	7%	1%	0%	12%	0%	9%	0%	0%	0%	0%
5-ARIs	20%	10%	10%	14%	8%	17%	7%	8%	4%	5%	6%	7%	2%	8%	2%	5%	10%	5%	5%
α_1 -blockers	32%	41%	34%	35%	28%	27%	31%	34%	25%	18%	22%	22%	14%	16%	11%	18%	12%	13%	11%

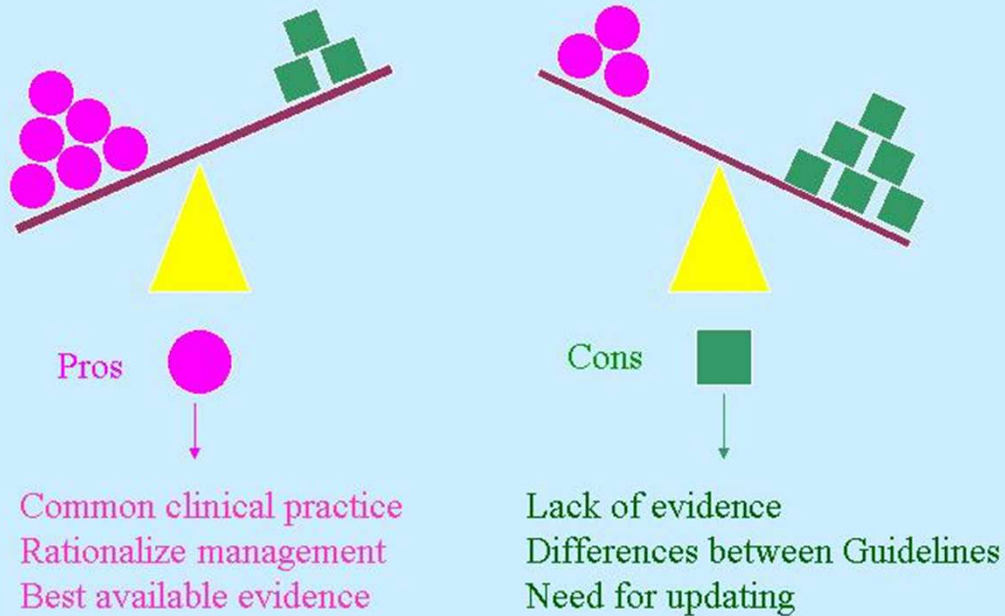
Αντιλήψεις έναντι των Treatment Guidelines

Reasons against usefulness	Non-Teaching Hospitals	Teaching Hospitals
Challenge autonomy	79%	19%
Too restrictive	64%	18%
Too rigid	14%	6%
Oversimplify practice	79%	35%
Limit innovation	71%	47%

Greving et al Eur J Clin Pharmacol, 2006

Guidelines για LUTS/BPH

BPH Guidelines balance



- Οι CPG δεν αποτελούν μια αμετάβλητη αλήθεια
- Η δύναμη των συστάσεων εξαρτάται από τις διαθέσιμες μελέτες
- Παίζουν σημαντικό ρόλο στην προσφορά της καλύτερης θεραπείας

Guidelines για LUTS/BPH: Τι νέο?

The **PICO** process:

P: Patient Problem or Population

I : Intervention

C: Comparison (or Control or Comparator)

O: Outcome(s)

Questions

In adults with nocturnal UI, does desmopressin cure or reduce nocturnal UI and/or improve QoL compared to no treatment?

In adults with nocturnal UI, does desmopressin result in a greater cure or improvement in nocturnal UI, or a greater improvement in QoL or a lesser likelihood of adverse effects, compared to any other intervention?

4.2.1 Question

In adults with UUI, does one type of antimuscarinic drug result in a greater likelihood of cure or improvement in UUI, and/or a greater improvement in QoL, and/or a lesser likelihood of adverse effects compared to an alternative antimuscarinic drug?

Ευχαριστώ πολύ