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BPH

Management in general practice

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From April 2009 to March 2011 in BEACH, benign prostatic hyperplasia/hypertrophy (BPH) was managed at a rate of six per 1000 general practice encounters with male patients aged 18 years and over, suggesting it was managed by general practitioners about 228 000 times per year nationally.

Two-thirds of the men at encounters for BPH were aged 65 years or older, so it was no surprise that patients were more likely than average to carry Commonwealth healthcare cards and Veterans' Affairs cards, and less likely to be new patients to the practice. More than 1% of encounters with male patients aged 65 years and over included management of BPH. There were no BPH encounters with men aged less than 45 years.

Compared with all problems managed at BEACH encounters, BPH was managed with low rates of medications prescribed, supplied or advised, and low rates of other treatments. Referrals to specialists were provided at three times the average rate, and pathology and imaging tests were ordered at twice the usual rate (Figure 1).

Management

Alpha 1 blockers accounted for about 80% of all medications prescribed or supplied for BPH. Other treatments recorded were advice, education and counselling about the problem, medications or treatments. All of the specialist referrals were to urologists except one, which was to a surgeon. Almost half of all pathology tests ordered were prostate specific antigen (PSA) tests, and imaging tests were mainly ultrasounds of the prostate, kidney, ureter or bladder (Table 1).

This analysis shows that the management rate of BPH in general practice is low. Therefore it was interesting to compare the rate with results from a recent BEACH substudy of prevalence of diagnosed BPH among male patients aged 18 years and over. We found an overall 10% prevalence of diagnosed BPH, with prevalence rising across age groups, from 6% of males aged 45–64 years to 19% of patients aged 65–74 years and 24% of those aged 75+ years.¹ This difference between management rate and prevalence suggests that for many men, care is being provided by urologists or that some are choosing not to undergo treatment.

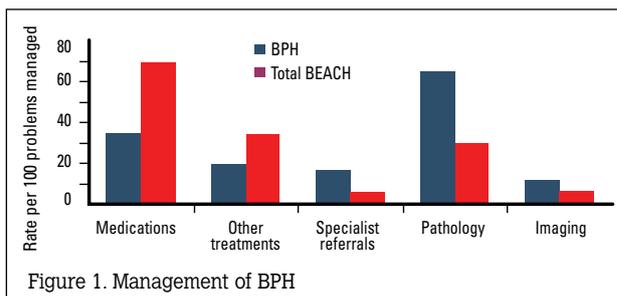


Figure 1. Management of BPH

Table 1. Details of BPH management

Management type	Rate per 100 BPH problems (n=375)
Medications (all)	34.7
Tamsulosin	13.6
Prazosin	13.3
Specialist referrals	16.3
Urologist	16.0
Pathology	65.1
PSA test	30.4
Imaging	12.0
Ultrasound prostate	4.5
Ultrasound kidney/ureter/bladder	4.5

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Reference

1. Britt H, Miller GC, Charles J, et al. 2010. General practice activity in Australia 2009–10. General practice series no. 27. Cat. no. GEP 27. Canberra: AIHW. [see SAND abstract number 158: Hypertension and benign prostatic hyperplasia].

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