GUEST EDITORIAL

Primary Care Physicians and Urologists - Partners in "Shared Care"

The "Urology Update for Primary Care Physicians 2008" supplement to the current issue of The Canadian Journal of Urology (CJU) provides a timely and succinct overview of common urologic conditions encountered in primary care. The content grew out of a unique meeting hosted by the journal in Montreal, Canada, in April 2008, during which urology and primary care experts discussed areas of mutual concern, approaches to diagnosis and treatment from the primary care perspective, and "shared care" of patients with urologic disease.

The authors have admirably presented a wealth of specialized information in a user-friendly and practical manner. The topics covered address urologic conditions with a high prevalence, especially in the aging population. Primary care physicians (PCPs) are likely to see these patients before the urologic specialist and, as such, need to be comfortable with symptom recognition, initial assessment, first-line treatment, and timely and appropriate referral.

Erectile dysfunction (ED) and testosterone deficiency are easily recognizable and treatable by the primary care physician. Treatment of ED with penile implants is rarely indicated following the successful and widespread use of oral phosphodiesterase inhibitors (sildenafil, vardenafil, and tadalafil). The overlap of testosterone deficiency and metabolic syndrome is an area of emerging interest to both urologists and PCPs.

Overactive bladder (OAB) (frequency, urgency with or without urge incontinence), interstitial cystitis/painful bladder syndrome (IC/PBS), and stress urinary incontinence (SUI) are common diseases of the lower urinary tract. Although there is no pharmacologic treatment for SUI, an understanding of its basic pathophysiology will help the PCP to recognize symptoms and initiate patient weight loss and pelvic floor exercises before urologic referral. OAB and IC/PBS respond to pharmacologic, behavorial, and holistic treatment approaches and rarely require surgical intervention.

Benign prostate hyperplasia (BPH) and prostate cancer (PCa) are highly prevalent in aging baby boomers. The use of alpha blockers and 5 alpha-reductase inhibitors has made BPH more of a "medical" disease with less need for surgical intervention (transurethral resection, prostatectomy, or minimally invasive surgery) than before. The widespread use of the serum prostate specific antigen (PSA) test as a prostate cancer screening tool — albeit a somewhat imperfect tool — has resulted in the PCP and urologist being involved in earlier diagnosis and treatment counseling. Earlier diagnosis and treatment notwithstanding, some men will develop hormone-refractory prostate cancer (HRPC) following androgen deprivation therapy (ADT) and will require palliation for bone pain and chemotherapy to help prolong survival.

Hematuria can be a harbinger of significant urinary tract pathology (stones, kidney/ureter/bladder cancers) and a simple assessment by urinalysis, cytology, and genitourinary tract radiologic imaging is within the capability of the PCP prior to referral to a urologist for cystoscopic evaluation. Pharmacological treatments are the mainstay of treatment for the majority of conditions discussed in this supplement, and the article on uropharmacology provides an excellent review of commonly used drugs including their mechanisms of action, side-effects, and dosing.

This supplement highlights symptom recognition, "focused" primary care assessment, initial treatment, and indications for urologic referral, and provides brief descriptions of surgical, oncological, and minimally-invasive treatments. The references are up to date, and the tables, algorithms, and take-home message sections summarize the key take-away points for the PCP. The questions from the PCP at the end of each article add to the practical utility of the contributions.

The publishers and Editorial Board of the CJU are to be congratulated on their foresight in publishing this supplement. Primary care physicians should find it to be practical, informative, and relevant. The "shared care" approach espoused by the authors should improve the care and quality of life of patients with urologic conditions.

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