
Your Symptoms Matter

Prostate Cancer (EPIC patient questionnaire) Clinician Guides



This toolkit includes five guides. Each guide provides clinical direction on the management of one symptom domain addressed in the Your Symptoms Matter, the Prostate Cancer (EPIC) patient questionnaire, including:

- Urinary incontinence;
- Urinary irritation & Obstruction;
- Bowel function;
- Sexual function; and
- Hormonal symptoms/Vitality.

Although symptom management is often addressed with an interdisciplinary team, these guides are primarily aimed at allied health.

These guides are created to compliment your skills as a clinical practitioner. They will assist in providing education and encourage time for a clinical interaction. Should you need a specialized service, the guide also provides suggestions as to when this may be considered.

Patients who report experiencing any of the above symptoms may feel embarrassed and/or uncomfortable discussing them beyond the questionnaire. Understanding this will help providers communicate with and support patients who may have feelings of shame or emasculation in a sensitive manner. Sexual side effects and hormonal/vitality symptoms are particularly sensitive topics. The psychological distress of this can manifest in different ways (anger, substance abuse, depression, etc.), and awareness of this is critical to supporting to the patient, beyond biomedical treatment (i.e. PDE5 inhibitors). Emotional or psychological symptoms are often (though not always) a response to the physiological side effects and addressing these first is therefore recommended.

Given the sensitivity of symptoms addressed in the Your Symptoms Matter Prostate Cancer questionnaire, we would like to emphasize the importance of balancing patient preferences and wants with their needs as you provide care.

- Gauge symptom impact: Understanding the impact of symptoms and their importance to the patient is pivotal to management. In some cases patients may report a symptom, but the impact of the symptom or the bother of that symptom may be negligible. These patients may not feel a need or want to receive any degree of symptom management.
- Seek patient permission: Even if symptoms are bothersome, patients may not want to discuss further, especially for certain symptoms. It is important to seek permission before delving into assessment and management. Even if a patient declines discussion on a particular visit, the door has been opened for discussions on a subsequent visit.

Your Symptoms Matter

Prostate Cancer (EPIC questionnaire) Urinary Irritation/Obstruction



Urinary irritation/obstruction symptoms following prostate cancer treatment include:

- High urinary frequency (including at night)
- Burning with urination
- Blood in the urine
- Urinary retention (difficulty urinating)

Step 1:

Check the patient's EPIC scores for questions 5a-c. If patients report these symptoms to any degree (score of 1-4), proceed to Step 2.

Voiding symptom:
Any indication of pain or burning with urination (Q5a)

Voiding symptom of urinary retention:
Any indication of a weak urine stream/incomplete bladder emptying (Q5b)

Storage Symptom:
Any indication of a frequent need to urinate (Q5c)

Step 2:

Step 2: Conduct an initial assessment of the nature and severity of symptoms.

A. Take a clinical history.

Systematically assess symptoms using the OPQRSTUV Acronym. Obtain a detailed history including:

- Medical history
- Comorbidities
- Concurrent medication
- Diet and fluid intake (hydration)
- Physical dexterity and mobility (privacy, toilet accessibility)
- Environmental factors
- Functional ability (exercise patterns)
- Bladder storage symptoms (urgency, frequency, nocturia)
- Voiding symptoms (hesitancy, straining, force and intermittency of stream)

B. Conduct a physical examination.

- Perform an abdominal examination (masses, suprapubic distension that may indicate urinary retention, tenderness)

C. Ask patients to complete a frequency volume chart.

For: Patients unable to provide accurate intake/voiding information.

The chart collects baseline information on:

- Incontinence episodes
- Fluid intake
- Frequency
- Urgency

Typical duration is 3 days.

D. Do a urine dipstick test.

A urinalysis can detect possible infection.

- Nitrite and leucocyte esterase may indicate a UTI
- Protein may indicate infection and/or renal disease
- Blood may indicate infection or malignancy
- Glucose may indicate diabetes mellitus

E. Collect a urine culture

A urine culture can identify bacteria or yeast in the urine linked to infection.

F. Conduct a post void residual if equipment is available.

Post void residual volume is the amount of urine that remains in the bladder after voiding.

- Indicates poor voiding efficiency / chronic urinary retention
- Can be measured with an ultrasound bladder scanner (or catheterisation) immediately after the patient voids

Note: OPQRSTUV Acronym stands for Onset, Provoking/Palliating, Quality, Region/Radiation, Severity, Treatment, Understanding/impact on you, values.

Step 3:

Identify treatment steps specific to the patient's urinary symptoms.

For pain/burning with urination:

- If a UTI is confirmed, consider general antibiotics
- **Consult an urologist only** when a UTI has been ruled out.

STOP & CONSULT

For a weak urine stream / incomplete bladder emptying:

- Consider medications as warranted - terazosin, tamsulosin, finasteride, dutasteride, antispasmodics
- **Consult an urologist** for further assessment and/or treatment.

STOP & CONSULT

For urinary frequency:

Suggest conservative (behavioral or lifestyle) interventions as first-line treatment:

- Bladder training: voiding according to a fixed voiding schedule, using distraction and self-assertion.
- Fluid management/or modification: for patients with high or abnormally low fluid intake.
- Limited caffeine intake may improve symptoms of urgency and frequency.

Consult an urologist if...

- Symptoms persist or worsen; and/or
- Infection occurs.

Annotated Reference List

Step 2:

Conduct an initial assessment of the nature and severity of symptoms.

- | | |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Take a clinical history. | 1: Recommendation 1.1.1 (p. 9)
2: Table 4 (p.647)
3: Guideline Statement 1 (p.8)
4: Section 2.1 (p. 11) & Section 3.1.2 (p. 31 re: drug history) |
| b. Conduct a physical examination. | 1: Recommendation 1.1.2 (p. 9)
2: Table 4 (p.647)
3: Guideline Statement 1 (p.8)
4: Section 2.1 (p. 11) |
| c. Ask patients to complete a frequency volume chart. | 1: Recommendation 1.1.2 (p. 9)
3: Section 4, Differentiation (p.8)
4: Section 2.3 (p. 14) |
| d. Do a urine dipstick test. | 1: Recommendation 1.1.4 (p. 9)
2: Table 5 (p.648)
4: Section 2.4 (p. 16) |
| f. Collect a urine culture. | Expert Opinion |
| e. Conduct a post void residual if equipment is available. | 2: Table 5 (p.648)
3: Guideline Statement 2 (p. 9)
4: Section 2.5 (p. 17) |

Step 3:

Identify treatment steps specific to the patient's urinary symptoms.

- | | |
|----------------------------------|-------------------------------------------------------------|
| a. Bladder training | 1: Recommendation 1.3.4 (p. 12)
4: Section 3.3.1 (p. 42) |
| b. Fluid management/modification | 1: Recommendation 1.3.4 (p. 12) |
| c. Limited caffeine intake | 4: Section 3.2.6 (p. 41) |

References

1. National Clinical Guideline Centre for Acute and Chronic Conditions. Lower urinary tract symptoms in men: assessment and management. London (UK): National Institute for Health and Care Excellence (NICE); 2015 Jun. 38 p. (Clinical guideline; no. 97).
2. American Academy of Family Physicians (AAFP). Urinary Retention in Adults: Diagnosis and Initial Management. American Family Physician; 2008; 77(5). [48 references]
3. E. Ann Gormley, Deborah J. Lightner, Kathryn L. Burgio, Toby C. Chai, J. Quentin Clemens, Daniel J. Culkin, Anurag Kumar Das, Harris Emilio Foster, Jr., Harriette Miles Scarpero, Christopher D. Tessier, Sandip Prasan Vasavada. Diagnosis and Treatment of Overactive Bladder (Non-Neurogenic) in Adults: AUA/SUFU Guideline. 2014; American Urological Association Education and Research, Inc.
4. M.G. Lucas, D. Bedretidnova (Guidelines Associate), L.C. Berghmans, J.L.H.R. Bosch, F.C. Burkhard, F. Cruz, A.K. Nambiar, C.G. Nilsson, A. Tubaro, R.S. Pickard. Guidelines on Urinary Incontinence. European Association of Urology. Partial Update 2015. 90 p. [479 references]
5. Fraser Health. Hospice palliative care program: Symptom Guidelines. Surrey, BC: Fraser Health Website; 2006. Website: <http://www.fraserhealth.ca/media/SymptomAssesment.pdf>.