
GUEST EDITORIAL

Keep it Simple, Effective, and Safe

It is unfortunate that the study of urological disease is not a mandatory requirement in the training of primary care physicians (PCPs) in either the United States or Canada. The prevalence of urological problems facing PCPs such as ourselves that are identified in this supplement is high, yet adequate clinical awareness by PCPs of ways to evaluate and manage patients with urological disease is often low. In addition, in a busy primary care practice, patients' urological complaints can often be underrated and treated as mere "quality of life" issues, possibly due to a false perception that such medical problems are not potentially associated with high morbidity/mortality. That being said, there is a tremendous opportunity for the PCP to make a difference in both the quality of life and, in some cases, the survival of our patients.

Such urological training is often unavailable in primary care resident-training programs. The solution to this shortcoming lies in continuing education. We were undeniably pleased when approached by The Canadian Journal of Urology (CJU) to take on the role of special editors for what is believed to be the first such journal supplement devoted to this crucial topic. The forward-thinking CJU publishers and members of the editorial board are to be commended for initiating and following through on this project.

In planning this supplement, our goal became one of bridging the gap between the PCP and the urologist. This supplement is based on presentations and in-depth discussions at a consensus development conference, "Urology Update for Primary Care Physicians 2008," which was held this past April 12th in Montreal, Quebec, and which brought together leading urologists and PCPs with a special interest in urology. The exchanges between the PCPs and urologists led to a better understanding of the issues facing PCPs. The group shared information about the general needs of PCPs who practices in an office setting and about their knowledge gaps relating to medical urology topics such as prostate cancer, benign prostatic hyperplasia, overactive bladder, interstitial cystitis, hematuria, erectile dysfunction, testosterone deficiency, and uro pharmacology.

We hope that we have crafted a supplement with articles that reflect what the PCP needs to know, is capable of, or has time for, in managing patients with urological diseases. Equally important, another goal of the supplement is to give the PCP a clearer sense of when to refer a patient to a urologist. Central to this, of course, is the patient's well-being. As we reviewed the articles, we challenged the authors as urology specialists to maintain the focus on what the PCP should know and do prior to possibly referring a patient to a urologist.

We believe that this boils down to three key points:

Keep the EVALUATION simple.

Keep the TREATMENT effective.

Keep the PATIENT safe.

We congratulate the authors on their hard work in distilling some very complex issues and diseases down to these critical aspects. The following papers can serve as key additions to the literature about how PCPs can deal with patients who have urological diseases. The reader of this supplement will find that better knowledge of these disease states and possible treatments can make a significant difference in the lives of their patients. We hope that these well-written and comprehensive review articles will readily serve as references for years to come for the PCP's initial foray into the very exciting field of medical urology.

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