## EDITORIAL

## Urology Issues and Their Impact on Primary Care Practice

It has become quite evident that patients who present with urologic symptoms play a large role in the typical primary care physician's practice. Patients with urologic symptoms range from the very young to the very old. Examples of conditions where the family doctor is either the "first-line responder" or part of a the patient's follow up management are: hematuria, elevated prostate-specific antigen (PSA), phimosis, acute or recurrent urinary tract infections, incontinence (stress, urgency, or overflow), prostatitis, benign prostatic hyperplasia (BPH), lower urinary tract symptoms (LUTS), overactive bladder, and prostate cancer.

In 2008, after considerable consultation with urologists and family care practitioners, *The Canadian Journal of Urology* published its first supplement to guide primary care physicians treating patients with urologic symptoms, "Urology Update for Primary Care Physicians 2008." In November 2009, under the direction of the Society of Urologic Surgeons of Ontario (SUSO), a symposium was held to discuss updates to urologic topics. The output from that meeting was the basis of the journal's updated supplement, of which I was the Editor, and which was published in February 2010. The primary care physicians were gratified to see that with education and exposure to certain treatment/management algorithms and careful patient work up, they could institute primary medical management for some of these common urologic conditions.

In February 2011, again under the auspices of SUSO, another symposium was held, which featured four lectures. After each lecture, family care practitioners had an opportunity to sit at a round table with one of the many urologists present and to ask him or her questions about the lecture or about their own patients' problems.

The articles in this supplement, which are the outcome of the SUSO meeting, present state-of-the-art patient management strategies using evidence-based medicine, to answer questions and empower primary care physicians to diagnose and provide initial treatment for some of the most common urologic conditions: erectile dysfunction and hypogonadism (low testosterone), overactive bladder, BPH, and prostate cancer/PSA.

This supplement concludes with an article that provides an understanding of the latest pharmacologic alternatives and their potential side effects, which will give the primary care physician the ability to have an up-to-date, informed "risk-benefit" discussion when he recommends medical management for the patient with these most common urologic conditions.

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