

Treating urinary symptoms in men in primary healthcare using non-pharmacological and non-surgical interventions

Submission date 12/03/2018	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered
Registration date 12/04/2018	Overall study status Completed	<input checked="" type="checkbox"/> Protocol
Last Edited 06/05/2025	Condition category Urological and Genital Diseases	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Lower Urinary Tract Symptoms (LUTS) refer to problems with storing urine, such as increased urinary daytime frequency, urgency, having to pass urine overnight, slow stream while passing urine, or dribbling afterwards. Half of men over 40 experience at least one LUTS, which can have a significant impact on their daily lives. The aim of this study is to test whether personalised advice based on a nurse's assessment of men's urinary symptoms improves symptom control.

Who can participate?

Men aged 18 years and over with current bothersome LUTS

What does the study involve?

Participating GP practices are randomly allocated to provide either usual care or personalised care. Men in the personalised care group are offered non-drug therapy, based on an assessment by a nurse. The nurse educates the patient on LUTS, teaches him the appropriate treatments and provides written information. Ongoing support is offered to help men adhere to the treatments. Treatment advice may include advice on drinks, pelvic muscle exercises, bladder training and techniques to reduce urinary dribbling. The aim is to find out whether personalised standard treatment achieves better symptom relief than usual care by comparing the change in symptoms between the two groups after a year.

What are the possible benefits and risks of participating?

If they are in the personalised booklet group, they will receive a booklet to keep with personalised information and advice on their symptoms. If they are in the usual care group, they will have access to the booklet at the end of the study. Their symptoms may improve and bother them less. Even if they do not feel any improvement, their taking part will help us to understand what advice and information will help improve LUTS in other men, without having surgery or drugs to help their symptoms. We do not anticipate any disadvantages in taking part. However, we do not know how much their symptoms will improve, whichever group they are in. Therefore,

their symptoms may not improve as much as they would like. They will need to spend time completing questionnaires, and if they are in the personalised advice group they will be asked to spend time following the advice given.

Where is the study run from?

1. University of Bristol (UK)
2. University of Southampton (UK)
3. At least 24 GP practices from Bristol and Southampton (UK)

When is the study starting and how long is it expected to run for?
November 2017 to January 2021

Who is funding the study?

National Institute for Health Research (NIHR) (UK)

Who is the main contact?

Dr Jo Worthington

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Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Central Portfolio Management System (CPMS)

37405

Study information

Scientific Title

Treating Urinary symptoms in Men in Primary Healthcare using non-pharmacological and non-surgical interventions

Acronym

TRIUMPH v1.0

Study objectives

Lower Urinary Tract Symptoms (LUTS) refer to problems with storing urine, such as increased urinary day-time frequency, urgency, having to pass urine overnight, slow stream while passing urine, or dribbling afterwards. Half of men over 40 experience at least one LUTS, which can have a significant impact on their daily lives.

The TRIUMPH (Treating Urinary symptoms in Men in Primary Healthcare) study will test whether personalised advice based on a nurse's assessment of men's urinary symptoms achieves improved symptom control over usual care.

Ethics approval required

Old ethics approval format

Ethics approval(s)

North West - Preston Research Ethics Committee, 12/04/2018, ref: 18/NW/0135

Study design

Randomized; Both; Design type: Treatment, Education or Self-Management, Qualitative

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Lower urinary tract symptoms

Interventions

GP practices are randomised to deliver either usual care or personalised care. Men in the personalised care group will be offered non-drug therapy, based on an assessment by a nurse. The nurse will educate the patient on LUTS, teach him the appropriate treatment(s) and provide written information. Ongoing support will be offered to help men adhere to the treatments. Treatment advice may include advice on drinks, pelvic muscle exercises, bladder training and techniques to reduce urinary dribbling.

The primary outcome is to find out if personalised standard treatment achieves better symptom relief overall than usual care, by comparing the change in a prostate symptom score (IPSS) between the two groups after a year. The treatment phase is 12 weeks, and follow up is at 6 and 12 months after consent. Each patient will be in the study for 12 months.

Intervention Type

Other

Primary outcome(s)

Lower urinary tract symptoms assessed using the IPSS score; Timepoint(s): 12 months after consent

Key secondary outcome(s)

1. LUT-specific QoL, assessed using IPSS QoL at 6 and 12 months
2. Symptoms scores at 6 months (IPSS overall score) and 6 and 12 months (ICIQ-UI-SF)
3. Cost-effectiveness analyses from an NHS perspective. The EQ-5D-5L will be used to calculate QALYs at 12 months
4. Number of adverse events (e.g. infection, urinary retention) at 12 months
5. Number of GP consultations at 12 months
6. Number of referrals to secondary care at 12 months
7. Overall quality of life measured by the EQ-5D-5L at 12 months
8. A qualitative element of the research study will evaluate patient experiences of intervention throughout the trial

Completion date

31/01/2021

Eligibility

Key inclusion criteria

Adult men (aged ≥ 18 years) with bothersome LUTS

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

Male

Total final enrolment

1076

Key exclusion criteria

1. Lack of capacity to consent
2. Unable to pass urine without a catheter (indwelling or intermittent catheterisation)
3. Relevant neurological disease including referral to neurology
4. Undergoing urological testing for LUTS
5. Currently being treated for prostate or bladder cancer
6. Previous prostate surgery
7. Unable to complete assessments in English
8. Poorly-controlled diabetes mellitus

9. Recently referred or currently under urology review

10. Visible haematuria

11. Hypercalcaemia

Eligibility will be checked by the patient's own GP as part of the screening process

Date of first enrolment

01/05/2018

Date of final enrolment

01/08/2019

Locations

Countries of recruitment

United Kingdom

England

Uruguay

Study participating centre

University of Bristol

United Kingdom

BS8 1TH

Study participating centre

University of Southampton

United Kingdom

SO17 1BJ

Study participating centre

At least 24 GP practices from Bristol and Southampton

Uruguay

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Sponsor information

Organisation

University of Bristol

ROR

<https://ror.org/0524sp257>

Funder(s)

Funder type

Government

Funder Name

NIHR Evaluation, Trials and Studies Co-ordinating Centre (NETSCC); Grant Codes: 16/90/03

Results and Publications

Individual participant data (IPD) sharing plan

The data sharing plans for the current study are unknown and will be made available at a later date

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		15/11/2023	16/11/2023	Yes	No
Results article	Costs and QALYs results	30/01/2024	09/02/2024	Yes	No
Results article		01/03/2024	06/05/2025	Yes	No
Protocol article		02/09/2019	08/06/2023	Yes	No
HRA research summary			28/06/2023	No	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes