

**1. Describe your assigned client's situation. Why are they presenting to the clinic? What medications are they currently taking?**

Ohon Kimathi, a 58-year-old man, has been experiencing symptoms of incomplete bladder emptying, a weak urine stream, straining to urinate, and dribbling at the end of urination for the past three months. These symptoms are typical of benign prostatic hyperplasia (BPH). In his medical history, he has been prescribed atorvastatin (Lipitor) 40 mg PO daily for high cholesterol; his lab results show no evidence of infection or cancer; his physical examination showed a smooth prostate on digital rectal examination (DRE), indicating no immediate concerns of prostate malignancy; he has no allergies; and his vital signs are within normal limits.

**2. Assess the applicable clinical practice guideline (CPG) for your assigned client. What treatment is recommended by the CPG for your client's situation?**

For men with moderate to severe symptoms like Mr. Kimathi's, treatment options can include lifestyle modifications, medication, and possibly surgery if conservative measures fail, according to the American Urological Association's (AUA) guidelines for the management of BPH. Alpha-blockers, like tamsulosin, are the first line of treatment because they relax the smooth muscles in the prostate and bladder neck, improving urine flow and lowering symptoms. If BPH is confirmed, 5-alpha-reductase inhibitors, like finasteride or dutasteride, can also be started as initial therapy (Sandhu et al., 2023). Furthermore, the guidelines recommend treating comorbidities like high cholesterol, which may indirectly worsen BPH symptoms by raising cardiovascular risk.

**3. Discuss your personal professional assessment of the client's situation provided in the scenario. What pharmacological treatment is necessary and why?**

Alpha-blockers would probably be the best pharmacological treatment for Mr. Kimathi's symptoms, as the smooth prostate on physical examination and the moderate symptoms reported in the IPSS indicate that pharmacologic intervention to alleviate the obstructive symptoms would be helpful. By relaxing the muscles in the prostate and bladder neck, the alpha-blocker tamsulosin may help him with his urination problems by increasing the flow of urine. 5 $\alpha$ -reductase inhibitors (5-ARIs), such as finasteride and dutasteride, have a gradual clinical effect that is related to the initial prostate size