

REASON FOR VISIT: ,Elevated PSA with nocturia and occasional daytime frequency.,HISTORY: , A 68-year-old male with a history of frequency and some outlet obstructive issues along with irritative issues. The patient has had history of an elevated PSA and PSA in 2004 was 5.5. In 2003, he had undergone a biopsy by Dr. X, which was negative for adenocarcinoma of the prostate. The patient has had PSAs as high as noted above. His PSAs have been as low as 1.6, but those were on Proscar. He otherwise appears to be doing reasonably well, off the Proscar, otherwise does have some irritative symptoms. This has been ongoing for greater than five years. No other associated symptoms or modifying factors. Severity is moderate. PSA relatively stable over time.,IMPRESSION: , Stable PSA over time, although he does have some irritative symptoms. After our discussion, it does appear that if he is not drinking close to going to bed, he notes that his nocturia has significantly decreased. At this juncture what I would like to do is to start with behavior modification. There were no other associated symptoms or modifying factors.,PLAN: , The patient will discontinue all caffeinated and carbonated beverages and any fluids three hours prior to going to bed. He already knows that this does decrease his nocturia. He will do this without medications to see how well he does and hopefully he may need no other additional medications other than may be changing his alpha-blocker to something of more efficacious.