

Bridging the Gap in Neurogenic Urogenital Care: A Perspective on the neuroged Guidelines

Henrik Givovani*

Department of Neurology, University of Lodz, Lodz, Poland

DESCRIPTION

Neurogenic urogenital dysfunction, encompassing both Lower Urinary Tract Symptoms (LUTS) and Sexual Dysfunction (SD), is an often underrecognized consequence of neurological disease. Despite its significant impact on patients' quality of life, these issues remain inadequately addressed in many neurology practices. Neurologists often face challenges in managing urogenital dysfunction due to limited training, lack of structured guidance, and the sensitive nature of these symptoms, which are frequently underreported by patients. To address this gap, the European Academy of Neurology (EAN), in collaboration with the European Federation of Autonomic Societies (EFAS) and the International Neuro-Urology Society (INUS), developed the neuroged guidelines-an important step toward standardized, evidence-based care.

The neuroged guidelines represent a landmark effort to equip neurologists with the tools needed to confidently assess and manage urogenital dysfunction in patients with neurological disorders. With contributions from 37 experts across 17 countries and four continents, the development of these guidelines reflects both the complexity and global relevance of this topic. Their structure-comprising evidence-based recommendations, consensus-based guidance, and good practice statements-recognizes the variability in available research and the need to provide clear, actionable strategies despite gaps in the literature.

One of the key strengths of the neuroged guidelines lies in their foundation on neuroanatomical and physiological understanding. The regulation of bladder and sexual function is uniquely intertwined with both autonomic and somatic nervous systems, involving a wide array of neural pathways stretching from the cerebral cortex to the sacral spinal cord. The integration of higher cognitive centers with reflex arcs and autonomic control underscores the complexity of diagnosing and managing dysfunction in this system.

Understanding this complex system is not just academic; it is essential for practical clinical care. The guidelines emphasize that evaluating LUTS and SD in neurological patients should begin

with a comprehensive history and targeted neurological examination. Patients may not volunteer symptoms due to embarrassment, or because they believe these issues are not linked to their neurological condition. The neuroged framework encourages clinicians to ask direct yet sensitive questions, use validated questionnaires, and incorporate urodynamic testing when necessary to accurately assess bladder dysfunction.

The same applies to sexual dysfunction, which is often even more neglected in neurology consultations. The shared neural pathways between bladder and genital organs mean that sexual dysfunction frequently coexists with urinary symptoms. Addressing one without the other results in incomplete care. neuroged emphasizes a biopsychosocial approach, combining pharmacologic, behavioral, and supportive strategies tailored to individual needs.

In practice, implementing the neuroged recommendations will not be without challenges. There are disparities in access to specialized neuro-urology services, especially in rural or resource-limited settings. Many neurology departments still lack formal pathways for referring patients to urologists or sexual health specialists. Even where access exists, there may be insufficient collaboration across disciplines, resulting in fragmented care. The guidelines aim to bridge this gap by fostering a shared language and clinical approach that can be adopted across specialties.

The review accompanying the neuroged guidelines does well to contextualize their development within the broader healthcare landscape. The COVID-19 pandemic further strained autonomic and neuro-urology services, exacerbating the already limited access to care for patients with neurogenic urogenital dysfunction. Moreover, there remains a general lack of training for neurologists in managing these issues. By providing a comprehensive, structured framework, neuroged offers a means to enhance training, build competence, and improve patient outcomes.

However, successful implementation will require more than guidelines. It will require a shift in clinical culture-one that normalizes the discussion of sensitive symptoms, prioritizes

Correspondence to: Henrik Givovani, Department of Neurology, University of Lodz, Lodz, Poland, E-mail: hendrik@gmail.com

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quality of life alongside disease management, and values interdisciplinary collaboration. Institutions must also invest in clinician education and infrastructure to support guideline adoption. This includes integrating urogenital care into neurology residency programs, encouraging research in neuro-urology, and developing accessible referral systems.

CONCLUSION

The neuroged guidelines represent a much-needed evolution in the management of neurogenic urogenital dysfunction. By

synthesizing current evidence and expert consensus into a practical, patient-centered approach, they offer neurologists a roadmap for addressing a historically neglected area of care. Their true value, however, will be measured not just by the quality of the recommendations, but by our willingness as clinicians to implement them, advocate for integrated care, and listen closely to the needs of our patients. Neurogenic urogenital dysfunction may be complex and multifaceted, but with the right tools-and the right mindset-it is no longer unmanageable.