

URGENCY SEVERITY HAS IMPACT ON THE TREATMENT OUTCOMES IN THE MALE BENIGN PROSTATIC HYPERPLASIA WITH OVERACTIVE BLADDER PATIENTS

Hypothesis / aims of study

In the treatment of male lower urinary tract symptoms (LUTS) patients with overactive bladder (OAB), urgency is the main symptom of OAB and the satisfaction of the treatment of LUTS can be affected by the severity of urgency. We examined how urgency severity affects efficacy or satisfaction in LUTS treatment of the male patients with benign prostatic hyperplasia and OAB.

Study design, materials and methods

From 2012 January to 2013 June, 78 male LUTS patients were prospectively enrolled. Inclusion criteria were age over 40 years, international prostate symptoms score (IPSS) over 8, overactive bladder symptoms score (OABSS) over 3 with question 3 score over 2. In all patients, bladder diary of 3 days with incorporation of 5 stratified urgency scaling at each voiding or urgency episode, patient-perceived bladder condition (PPBC), prostatic ultrasonography, prostate-specific antigen (PSA) and uroflowmetry with residual urine check were examined. All patients received tamsulosin 0.2mg and solifenacin 5mg daily. 12 weeks later, IPSS, OABSS, PPBC, patient-perceived treatment benefit (PPTB), bladder diary and uroflowmetry were examined again. According to baseline urgency severity, patients were divided as 2 or more urgency per day (group I) and urgency less than 2 times per day (group II). Comparisons between the 2 groups about the various parameters was made using independent T-test. P-value less than 0.05 was regarded as significant.

Results

16 patients (20.5%) were dropped out and finally 62 patients were analyzed. Group I was 32 patients and group II was 30. The mean age of group I (67.8±8.5) was not different from group II (64.7±10.2). Baseline OABSS, IPSS, Quality of life scores, PPBC were higher in group II. The changes of PPBC after treatment of group I (-1.20±1.11) was larger than that of group II (-0.29±0.86)(P=0.004). Due to the much more improvement of PPBC in group I, the after-treatment PPBC was not different between two groups (P=0.551). The changes of OABSS in group I (-3.14±3.60) was larger than that of group II (-1.04±1.60)(P=0.020). The changes of IPSS in group I (-7.43±6.61) was larger than that of group II (-2.71±5.06)(P=0.010). The changes of Quality of life scores in group I (-1.05±0.92) was larger than that of group II (-0.25±0.61)(P=0.001).

Interpretation of results

Patients with more severe urgency have the worse baseline subjective bladder condition but this difference attenuates after treatment. This means that patients with severe urgency appear to experience more treatment benefit with anticholinergics and alpha blocker than those with less severe urgency.

Concluding message

In the alpha blockers and anticholinergics treatment of male LUTS patients with OAB, the treatment efficacy and satisfaction of the patients is higher in the more severe urgency patients.

Table I. Patients with severe urgency (Group I) appear to experience more treatment benefit than patients with less severe urgency (Group II).

		Group I	Group II	P-value
Age(years)		67.8±8.5	64.7±10.2	0.201
PPBC	Baseline*	3.97±0.75	3.10±0.71	0.000
	After treatment	2.86±0.85	2.70±0.81	0.551
	Changes*	-1.20±1.11	-0.29±0.86	0.004
OABSS	Changes*	-3.14±3.60	-1.04±1.60	0.020
IPSS	Changes*	-7.43±6.61	-2.71±5.06	0.010
QoL	Changes*	-1.05±0.92	-0.25±0.61	0.001

PPBC; patient-perceived bladder condition
OABSS; overactive bladder symptoms score
IPSS; international prostate symptoms score
QoL; quality of life

Disclosures

Funding: Astellas **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics Committee:** ILSANPAIK HOSPITAL INSTITUTIONAL REVIEW BOARD **Helsinki:** Yes **Informed Consent:** Yes