

THE PREDICTIVE FACTORS FOR EFFICACY OF INITIAL COMBINATION THERAPY OF ALPHA BLOCKER PLUS ANTICHOLINERGIC AGENT IN MEN WITH BENIGN PROSTATIC HYPERPLASIA AND OVERACTIVE BLADDER

Hypothesis / aims of study

In men, overactive bladder (OAB) symptoms may coexist with bladder outlet obstruction due to benign prostatic hyperplasia (BPH). Recent studies showed the safety and efficacy of anticholinergics in men with lower urinary tract symptoms (LUTS). We evaluated the efficacy of combination therapy using alpha blocker plus anticholinergic in initial treatment of both BPH and OAB, and the predictive factors were investigated.

Study design, materials and methods

This study enrolled 195 patients with both BPH and OAB who were treated with alpha blocker (tamsulosin or alfuzosin) and anticholinergic (solifenacin) as an initial therapy. Inclusion criteria were: male, age 50 years or older, total International Prostate Symptom Score (IPSS) of 12 or higher, prostate volume of over 20cc and IPSS urgency score of 2 or higher for OAB. We measured the treatment efficacy, the clinical parameters and we examined the IPSS, the quality of life (QoL) score, three days of the voiding diaries, uroflowmetry and post-voiding residual (PVR) volume at baseline and after 12 weeks of treatment. The patients were divided into responders (including 'very satisfied' and 'somewhat satisfied') and non-responders on the Treatment Satisfaction Question.

Results

Overall, 31 patients were lost to follow-up and dropped out, and the remaining 164 patients were followed up for 12 weeks after treatment. The mean IPSS, QoL score, micturitions per 24 hours, voided volume and peak flow rate were significantly improved after treatment ($p < 0.05$). PVR volume increased slightly (from 39cc at baseline to 51cc at week 12) but not statistically or clinically significant ($p=0.31$). 125 patients (76%) were responders and 39 patients were non-responders. The most commonly reported adverse events were dry mouth (18%), constipation (6%) and dizziness (2%).

Interpretation of results

The prostate volume and initial voiding symptom score of the responders was significantly lower than that of the non-responders (30cc vs 37cc, $p=0.02$), (6.2 vs 9.9, $p=0.04$) and Qmax of the responders were higher than those of the non-responders (13.2ml/s vs 9.8ml/s, $p=0.02$).

Concluding message

Initial combination therapy of alpha blocker plus anticholinergic agent in men with BPH and OAB may be effective therapeutic option. Predictive baseline parameters for a good response were a smaller prostate volume, higher Qmax and lower voiding symptom score.

Disclosures

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