The predictive factors for efficacy of initial combination therapy of alpha blocker plus anticholinergic agent in men with benign prostatic hyperplasia and overactive bladder

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Objective

- ➤ 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 initial combination therapy using alpha blocker plus anticholinergic in patients with BPH and OAB, and the predictive factors were investigated.

Materials and Methods

- ➤ 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
 - male, age ≥ 50 years
 - IPSS ≥ 12
 - prostate volume ≥ 20cc
 - IPSS urgency score ≥ 2 for OAB
- > After 12 weeks of treatment
 - IPSS
 - QoL score
 - 3-day micturition diary
 - Uroflowmetry and PVR
- > Treatment Satisfaction Question
 - Responders (including 'very satisfied' and 'somewhat satisfied')
 - Non-responders

Results

- 164 patients finished the study
- > Responders: 125/164 (76%)
- ➤ Non-responders: 39/164 (24%)

Table 1. Change from baseline to week 12

	Baseline	Week 12	P-value
IPSS total	15.3	11.2	0.04
Voiding sub-scores	8.1	6.7	0.07
Storage sub-scores	7.2	4.4	0.02
QoL scores	4.5	2.2	0.02
Qmax (ml/s)	11.8	14.5	0.04
PVR (cc)	39	51	0.31
Micturiations/24h	11	7	0.03

Table 2. Comparison of baseline data between responders and non-responders

	Responders	Non- Responders	P-value
No.	125	39	
Age (years)	62	65	0.61
Prostate volume (cc)	30	37	0.02
PSA (ng/ml)	2.4	2.8	0.21
IPSS total	14.1	16.4	0.08
Voiding sub-scores	6.2	9.9	0.04
Storage sub-scores	7.8	6.5	0.09
Qmax (ml/s)	13.2	9.8	0.02
PVR (cc)	34	45	0.11
Micturiations/24h	10	13	0.32
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Conclusions

- ➤ 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

