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## MONOTHERAPY WITH ANTICHOLINERGICS IN PATIENTS WITH STORAGE LUTS AND NON OBSTRUCTIVE BPH

### Hypothesis / aims of study

It is common practice for urologists to treat patients presenting with LUTS initially with  $\alpha$ -blockers, considering LUTS to be result of BPH. It is also truth, that many men over 55 years old may have LUTS because of bladder overactivity. We suggest the treatment with anticholinergics as monotherapy in patients with presumed non-obstructive BPH ( $Q_{max} \geq 15$  ml/s) [1, 2]. Our aim was to investigate the safety and efficacy of treatment with anticholinergics as monotherapy in patients with documented non-obstructive BPH ( $Q_{max} \geq 15$  ml/s) and predominant storage LUTS.

### Study design, materials and methods

We evaluated 27 patients, aged 53-78 years old (mean 67 years) who presented with urgency, frequency and nocturia, and had documented prostate enlargement (Prostate volume was 33-45 ml), but not severe bladder outlet obstruction ( $Q_{max}$  was  $> 15$  ml/sec), by IPSS Questionnaire, U/S (Prostate volume and Post Void Residual - PVR) and Uroflowmetry. We divided them randomly in two groups. Group A, 13 pts, who were treated with Tamsulosin 0.4 once daily and group B, 14 pts, who received Fesoterodine 4 mg once daily [3]. We reassessed them after 6 weeks with the same tools.

### Results

	Tamsulosin group (n=13)		Fesoterodine group (n=14)	
	Before treatment	After treatment	Before treatment	After treatment
IPSS	17.5 $\pm$ 2.2	14.0 $\pm$ 2.4	18.0 $\pm$ 2.1	12.3 $\pm$ 2.1
Qmax	17.8 $\pm$ 2.7	19.3 $\pm$ 3.5	17.6 $\pm$ 2.1	18.1 $\pm$ 2.6
Bladder capacity	176 $\pm$ 24	181 $\pm$ 22	168 $\pm$ 23	253 $\pm$ 31
PVR	27.0 $\pm$ 4	17.3 $\pm$ 11.6	28.1 $\pm$ 4.6	23.2 $\pm$ 15.9
QoL	5.1 $\pm$ 0.4	4.2 $\pm$ 0.3	5.0 $\pm$ 0.2	3.0 $\pm$ 0.3

### Interpretation of results

Median IPSS total scores decreased from 18 to 11 (7 units) in the fesoterodine group, when it decreased from 17.5 to 14 (3.5 units) in the tamsulosin group. There was also greater decrease in QoL score (from 5 to 3) in fesoterodine group, when it dropped from 5.1 to 4.2 in the tamsulosin group. Concerning safety, dry mouth, constipation, dry eyes and dry throat were reported from 7 patients in total in the fesoterodine group, when one patient reported hesitation in starting micturition, but no acute urinary retention was marked. There were not drop outs in this group, and the adverse effects were mild and well tolerated. Mean PVR did not increase. In the tamsulosin group there were only two patients who reported dizziness.

### Concluding message

In men with OAB symptoms and presumed non-obstructive BPH, anticholinergic (fesoterodine) monotherapy seems to provide greater symptomatic and QoL improvements compared with the commonly used  $\alpha$ -blocker therapy, with a low risk of acute urinary retention, or increased PVR. The side effects are considerably more, but the treatment is generally well tolerated.

### References

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Is this a clinical trial?	Yes
Is this study registered in a public clinical trials registry?	No

<i>Is this a Randomised Controlled Trial (RCT)?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	The treatment is indicated for the symptoms of the patients
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes