

THE PREDICTIVE FACTORS FOR EFFICACY OF COMBINATION THERAPY OF ALPHA BLOCKER WITH ANTICHOLINERGIC AS A FIRST-LINE THERAPY IN MEN WITH BENIGN PROSTATIC HYPERPLASIA AND OVERACTIVE BLADDER: A PRELIMINARY STUDY

Hypothesis / aims of study

Overactive Bladder (OAB) is associated with symptoms including urgency, with or without urge incontinence, usually with frequency and nocturia. In men, overactive bladder 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 of alpha blocker with anticholinergic as a first-line therapy in men with both BPH and OAB, and the useful clinical factors were investigated.

Study design, materials and methods

This prospective study enrolled 39 patients with both BPH and OAB who were treated with tamsulosin and solifenacin from 2010 to 2011. Inclusion criteria were: male, age 45 years or older, total International Prostate Symptom Score (IPSS) of 8 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, 9 patients were lost to follow-up and dropped out, and the remaining 30 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 28cc at baseline to 37cc at week 12) but not statistically or clinically significant ($p = 0.71$). 22 patients (73%) were responders and 8 patients were non-responder. The most commonly reported adverse events were dry mouth (15%), dizziness (5%), and constipation (3%).

Interpretation of results

The prostate volume of the responders was significantly lower than that of the non-responders (28cc vs 36cc, $p = 0.01$), and initial voiding symptom score of the responders were lower than those of the non-responders (6.9 vs 10.9, $p = 0.08$).

Concluding message

Combination therapy of alpha blocker with anticholinergic in men with BPH and OAB may be a reasonable and effective therapeutic option as an initial therapy. Predictive baseline parameters for a good response were a smaller prostate volume and lower voiding symptom score. However, further studies on the long-term outcome and predictive factors are necessary.

Disclosures

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