

CLINICAL EFFICIENCY AND SAFETY STUDY OF THERAPY WITH AN ANTICHOLINERGIC OR AN ALPHA-BLOCKER FOR PATIENTS WITH OAB/BPH AFTER TRANSURETHRAL RESECTION OF THE PROSTATE

Hypothesis / aims of study

The efficiency and safety of the monotherapy with anticholinergic or alpha-blocker, and combined therapy with an anticholinergic and an alpha-blocker for patients with OAB/BPH after transurethral resection of the prostate (TURP) was evaluated.

Study design, materials and methods

The present study included 116 post-operation patients, who were diagnosed as OAB/BPH by IPSS, flowmetry, ultrasound for prostate volume, residual urine, all of them fulfilled the study's inclusive/exclusive criteria. All 116 patients had bothering storage symptoms after TURP for 12 weeks, they were divided into three groups randomly. There were tolterodine group in which patients were treated with tolterodine ER 4mg once daily and doxazosin group in which patients were treated with doxazosin ER 4mg once daily for 12 weeks, or combination group in which patients were treated with doxazosin ER 4mg once daily and tolterodine extended release (tolterodine ER) tablet 4mg once daily for 12 weeks. The patients' data of IPSS, OABSS, routine urine test, side effect, flowmetry and ultrasound for prostate volume, residual urine were recorded during the following periods.

Results

One hundred and sixteen post-operation patients with OAB/BPH were recruited with inclusive/exclusive criteria of this study, thirty patients were in tolterodine ER group, forty-six patients were in doxazosin ER group and forty patients were in combination group. At baseline there were no significant difference between the two groups, in mean age, body weight, prostate volume, IPSS, storage IPSS, voiding IPSS, Qmax and residual urine, OABSS. The results showed that in tolterodine group, storage IPSS, OABSS were significantly improved after treatment ($P<0.05$). In doxazosin group, IPSS, Qmax were significantly improved after treatment ($P<0.05$). In combination group, IPSS, storage IPSS, OABSS, 3rd score of OABSS and Qmax were also significantly improved after treatment ($P<0.05$). Group comparison showed that in tolterodine group storage IPSS, OABSS were significantly improved than that in tamsulosin group ($P<0.05$); but IPSS was inferior to that in tamsulosin group ($P<0.05$). And the reduction of storage IPSS and 3rd score of OABSS in combination group was superior to that in tolterodine group ($P<0.05$). While the reduction of IPSS, storage IPSS, OABSS and 3rd score of OABSS in combination group was significantly greater than that in tamsulosin group ($P<0.05$). There were no difference between the two groups for Qmax, voiding IPSS and residual urine ($P>0.05$). All enrolled patients' pre-operation data were reviewed and compared with the post-operation data, which showed that the improvement of IPSS score, residual urine and Qmax were significant ($P<0.05$). And the reduction of voiding IPSS ($P<0.001$) was more dominant by contrast with storage IPSS ($P>0.05$). OABSS score had obvious difference between pre-operation and post-operation ($P<0.05$); while 3rd score of OABSS didn't have difference between pre-operation and post-operation ($P>0.05$).

Interpretation of results

combined therapy with doxazosin ER plus tolterodine ER for post-operation patients with OAB was a better treatment in improving the IPSS, especially the storage IPSS, without any negative effects on uroflow rate and residual urine.

Concluding message

Tolterodine ER could improve storage IPSS for post-operation patients with OAB, the therapy efficiency was better than only useage of doxazosin. In contrast with therapy with tolterodine ER or doxazosin ER, combined therapy with doxazosin ER plus tolterodine ER for post-operation patients with OAB was a better treatment in improving the IPSS, especially the storage IPSS, without any negative effects on uroflow rate and residual urine. OAB could not be relieved merely by TURP, it might need multi-treatment.

References

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Disclosures

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