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CLINICAL STUDY OF COMBINATION THEAPY TAMSULOSIN AND SOLIFENACIN FOR BENIGN PROSTATIC HYPERPLASIA WITH OVERACTIVE BLADDER

Hypothesis / aims of study
Overactive bladder may coexist with bladder outlet obstruction induced by benign prostatic hyperplasia (BPH).This study aimed to evaluate the efficacy and safety of the combined use of solifenacin and tamsulosin in the treatment of BPH accompanied by overactive bladder(OAB).

Study design, materials and methods
We selected 105 cases of clinically diagnosed BPH without serious obstruction of urinary tract, and randomly assigned them to the Ⅰ group(n = 50) to receive 0.2 mg of tamsulosin once a day and the Ⅱ group (n = 55) to be treated with 0.2 mg of tamsulosin once a day plus 5 mg of solifenacin once a day, both for 12 weeks. Before and after the treatment, we obtained the International Prostate Symptoms Score (IPSS),quality of life (QOL) score, overactive bladder sypmtom score(OABSS), maximum urinary flow rate (Qmax) and recorded their average 24 h urinary frequency, average 24 h urgency frequency , average 24 h uroclepsia frequency and urinary retention times.

Results
After 12 weeks medication, the assessable cases were 97;The vales of IPSS、QOL、Qmax and daily micturition frequency were improved significantly both the two groups(P <0.05);Besides, OABSS、frequency of micturition、average 24h urgency frequency and average 24 h uroclepsia frequency in the group of Ⅱ were better than those in the group of Ⅰ,in respectively [(4.82±1.15 vs 9.27±2.10)、（3.31±0.18 vs 6.82±2.15）、（8.02±2.15 vs 10.13±2.07）、（0.50±0.13 vs 2.03±0.87）, P ＜ 0.05];No significant differences were found between the two groups in them aximum urinary flow rate（15.81±2.56 vs 16.04±3.26, P＞0.05）, no acute urinary retention occurred in either group.The incidences of adverse reactions in both groups were 4.3% and 8.0% respectively without significant difference.

Interpretation of results
It is effective and safe to accept combination therapy with tamsulosin and
solifenacin, for relieving the symptoms of patients with BPH and OAB,which also can improve the patient's quality of life greatly.

Concluding message
benign prostatic hyperplasia; overactive bladder; solifenacin; tamsulosin

References
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