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Author(s):

Y. D. Kim, J. G. Lee, S. K. Koh

Double Spacing

Institution  
City  
Country

Department of Urology, Korea University College of Medicine, Seoul, Korea

Double Spacing

Title (type in  
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LETTERS)**STRICT PATIENT SELECTION FOR DOXAZOSIN  
PHARMACOTHERAPY MAY RESULT IN BETTER  
TREATMENT RESPONSES**

**Aims of Study** Doxazosin has gained wide acceptance as a pharmacotherapeutic agents for the treatment of BPH. As a selective alpha-1 blocker, it is known to reduce symptom scores and improve flow rates. However, the correlation between the clinical parameters and the patient's subjective satisfaction has not been fully established. In this study we investigated whether improvements of clinical parameters, such as the symptom score, bother score, peak flow, post-voiding residuals and prostate volume, are statistically related to the subjective satisfaction in the patients receiving doxazosin pharmacotherapy for the management of BPH.

**Methods** Forty nine symptomatic BPH patients were evaluated prior to and at 3 months after the administration of the recommended dose of doxazosin. The parameters evaluated were symptom and bother (storage & voiding symptom) scores, peak flow rate (Qmax), postvoid residuals (PVR), and prostate volume. The patient's satisfaction to the treatment was determined by subjective responses to the questionnaires, and each response was categorized into one of the two groups; good (much improved, improved) and poor (slightly improved, no changes or getting worse). The subjective responses and the clinical parameters were compared and statistically analyzed.

**Results** The total and bother score decreased, and the Qmax increased significantly in all patients after doxazosin therapy. The pre-treatment total and voiding symptom score were significantly higher in the patients who were categorized in the good group (23 patients), as compared to poor (26 patients;  $p < 0.01$ ). However, the changes of Qmax, PVR and prostate volume were not significantly different in both groups.

**Conclusions** Although the clinical parameters show significant improvements after doxazosin therapy, the patient satisfaction depended mainly on the severity of pre-treatment voiding symptom. These findings suggest that pre-selecting patients prior to the initiation of doxazosin therapy could result in better treatment responses.