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CLINICAL EFFICACY OF SILODOSIN ON BENIGN PROSTATIC HYPERPLASIA PATIENTS COMPLAINING URGENCY LIKE SYMPTOM, "INTENSIFICATION OF NORMAL URGE TO VOID".

Hypothesis / aims of study

In benign prostatic hyperplasia (BPH) patients, those who complaint "intensification of normal urge to void", that is different from the pathologic urgency according to ICS definition, are often observed in clinical practice. In many cases, a clear discrimination between two types above tends to be difficult. I examine clinical efficacy of silodosin for BPH patients complaining "intensification of normal urge to void", that could not be diagnosed as overactive bladder (OAB).

Study design, materials and methods

Thirty-five BPH patients (age; 66-79, median 72.0) with "intensification of normal urge to void" (prostate volume; 18.6-75.7, median 30.0 ml) without OAB symptoms were enrolled in this study. For these patients, silodosin (4mg, twice per day) were administered for six weeks and I evaluated in the following items before and after treatment retrospectively; daytime and nighttime frequency, first awaking time interval after going to bed, Uroflowmetry (maximum voided volume, voiding time, maximum flow rate, average flow rate), postvoid residual urine volume (PVR), International Prostate Symptom Score (IPSS), QOL index, overactive bladder symptom score (OABSS), Time interval how patients hold to urinate under strong desire to void (maximum holding time; MHT), blood pressure/pulse in standing position, and adverse events.

Results

Five patients discontinued to treat due to adverse event (2 diarrhea / a soft bowel, 2 stuffy nose, and 1 ejaculatory disturbance). In OABSS, 11 patients (36.7%) interpreted questionnaire 3 as symptom like "intensification of normal urge to void".

Significant improvements were observed in;

daytime frequency; 8.1 to 7.3, p=0.016

nocturnal frequency; 1.9 to 1.4, p=0.012

first awaking time interval after going to bed; 3.6 to 4.6 hrs., p<0.0001

IPSS; 12.1 to 7.4, p<0.0001

QOL index; 4.0 to 2.8, p<0.0001

OABSS; 5.0 to 3.2, p<0.0001

MHT; 736.7 to 1046.7sec, p<0.0001

Other items including Uroflowmetry, PVR, and pressure/pulse in standing position were not observed statistically significant differences.

Interpretation of results

A differential diagnosis between urgency and "intensification of normal urge to void" is not easy for general outpatients or validated questionnaires, and it is very important for urologists and primary-care doctors to recognize two different conditions to diagnose, treat, and evaluate precisely.

In addition, the decrease of the urinary frequencies, extension of nocturnal first awakening time interval, extension of MHT, and improvement of IPSS, QOL index, and OABSS were observed by silodosin administration, that indicate another clinical efficacy of silodosin for BPH patients.

Concluding message

More clear and discrete evaluations and definitions between urgency and strong desire to void might be necessary near the future.

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Is this a clinical trial?	Yes
Is this study registered in a public clinical trials registry?	No
Is this a Randomised Controlled Trial (RCT)?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes
Specify Name of Ethics Committee	Kobe Medical Center Institutional Review Board
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes