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5-ALPHA-REDUCTASE INHIBITOR SUPPRESS THE PROGRESSION OF BENIGN PROSTATIC HYPERPLASIA; 10-YEAR RESULT

Hypothesis / aims of study
We compared the effects of alpha-adrenergic receptor blocker (α-blocker) monotherapy with combination therapy with α-blocker and 5-alpha-reductase inhibitor (5-ARI) on benign prostatic hyperplasia (BPH) progression for over 10 years.

Study design, materials and methods
A total of 620 patients with BPH who received an α-blocker monotherapy (α-blocker group, n=368) or a combination therapy (combination group, n=252) as their initial treatment were enrolled from January 1989 to June 2000. The incidences of acute urinary retention (AUR) and BPH-related surgery were compared between two groups. And stratified incidences by follow-up period, prostate-specific antigen (PSA) and prostate volume (PV) were also compared between two groups.

Results
Incidences of AUR were 13.6% (50/368) in α-blocker group and 2.8% (7/252) in combination group ($p<0.001$). 8.4% (31/368) and 3.2% (8/252) patients underwent BPH-related surgery in α-blocker and combination group, respectively ($p=0.008$). By the follow-up period, the incidence of AUR was decreased in combination group, hence failed to show significant difference between two groups. But the incidence of BPH-related surgery was significantly reduced after 7 years of combination therapy. A cut-off levels of PSA and PV for reducing the incidences of AUR and BPH-related surgery were 2.0ng/mL and 35g, respectively ($p<0.001$).

Concluding message
Long-term combination therapy with α-blocker and 5-ARI can suppress the BPH progression more efficiently than α-blocker monotherapy. For the patients with BPH whose PSA > 2.0 ng/mL or PV > 35mL, the combination therapy will promise better effect for reducing the risk of BPH progression.

Specify source of funding or grant	**NOTHING TO DISCLOSE**
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?	**No**
This study did not require ethics committee approval because	**THIS IS RETROSPECTIVE STUDY AND WE DID NOT USE NEW MEDICAL METHOD. CHECKED CLINICAL SYMPTOMS(AUR, VOIDING)**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**