

CLINICAL EFFICACY OF DUTASTERIDE IN PATIENTS WHO FAILED ALPHA BLOCKERS FOR ACUTE URINARY RETENTION DUE TO BENIGN PROSTATIC HYPERPLASIA

Hypothesis / aims of study

Acute urinary retention (AUR) caused by BPH is a major risk factor for surgical procedures, and the trial without catheter (TWOC) outcome for patients with AUR has recently been found to be improved by adding alpha-blocker. Because the efficacy of also adding an 5-ARI to alpha blocker for patients with AUR has not been known, we aimed to evaluate the efficacy of combining dutasteride with alpha blocker on BPH clinical progression (i.e., recurrence of AUR or prostate surgery) in patients with AUR.

Study design, materials and methods

A total of twelve patients with BPH-caused AUR caused by BPH from September 2009 to December 2011 were assessed retrospectively. All had failed TWOC with alpha-blocker and been treated with CIC. None had neurogenic bladder, an age <65 years, a prostate volume (PV) <30 cc, prostatitis or recurrent UTIs, nor was taking medicine known affect urinary function. Dutasteride (0.5 mg) was added to alpha blocker after failure of TWOC. prostate volume (PV), PSA, and QOL were evaluated before adding dutasteride and every three months during the follow-up period. The primary endpoint was an improved success rate due to dutasteride with alpha blocker, and the secondary endpoints were prostate surgery or the recurrence of AUR after cessation of CIC.

Results

The mean age, PV, and PSA of patients before adding dutasteride were 80 years, 68 cc, and 5.2 ng/ml. After combination therapy (mean 11.5 months), the mean PV and PSA had decreased significantly: from 68 to 51 cc (-26%) and from 5.2 to 3.1 ng/ml (-39%). The success rate was 67% and none of these eight patients experienced recurrence of AUR, febrile UTI, or BPH-related surgery during the follow-up, but the mean IPSS-QOL of the patients was 4 (mostly dissatisfied). Although four patients (32%) failed, the combination therapy was considered meaningful for two of them regarded because the technical difficulty of CIC was eased in one and the pain caused by CIC was alleviated in the other. The mean PV and PSA decreased significantly in patients treated successfully—from 60 to 51 cc (-22%) and from 4.0 to 3.1 ng/ml (-23%)—as well as in patients treated unsuccessfully—also from 68 to 46 cc (-32%) and from 13.8 to 6.5 ng/ml (-53%). No dutasteride-related adverse events were detected during the follow-up period.

Interpretation of results

Two trials, MTOPS and CombAT, demonstrated that combination therapy with alpha blocker and 5-ARI can reduce the rates of AUR and BPH-related surgery. For patients with AUR, some reports demonstrated that alpha blockers with TWOC are effective. However, no data demonstrate the efficacy of adding dutasteride to alpha blocker for patients with AUR due to BPH. AUA guidelines recommend at least one attempted trial of voiding after catheter removal before considering surgical intervention. Our results demonstrated that adding dutasteride to alpha blocker even in patients with AUR could be effective by reducing PV.

Concluding message

Our results suggest that combination therapy with dutasteride and alpha blocker may be successful in patients with AUR due to BPH who failed TWOC and that it could reduce the risk of prostate surgery or the recurrence of AUR. There is need, however, for further study with regard to urinary symptoms, QOL, sexual function, BPH-related medical costs, and total BPH-related costs.

Disclosures

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