

CLINICAL EFFECTIVENESS AND SAFETY OF COMBINED THERAPY WITH SOLIFENACIN AND TAMSULOSIN FOR PATIENTS WITH TYPE III PROSTATITIS

Hypothesis / aims of study

To evaluate the effectiveness and safety of the combined therapy of tamsulosin and solifenacin for type III prostatitis patients.

Study design, materials and methods

From May 2010 to September 2011, 180 patients diagnosed as type III prostatitis were included in the study. All 160 patients were divided randomly into two groups: combined therapy group (n=80) in which patients were treated with tamsulosin 0.2 mg once daily and solifenacin 5 mg once daily for 12 weeks, and tamsulosin group (n=80) in which patients were treated with tamsulosin 0.2 mg once daily for 12 weeks.

Results

At baseline there was no significant differences. The NIH chronic prostatitis symptom index (NIH-CPSI) (32.29 ± 5.58 vs 16.03 ± 4.41) ($P < 0.01$) and overactive bladder symptom score (OABSS) (9.56 ± 1.91 vs 5.03 ± 1.16) ($P < 0.01$) significantly decreased in the combined therapy group after 12 weeks treatment. The NIH-CPSI (32.31 ± 5.61 vs 24.28 ± 4.75) ($P < 0.01$) also significantly decreased in tamsulosin group after 12 weeks treatment. There was no significant difference for OABSS (9.46 ± 1.89 vs 9.28 ± 2.20) ($P > 0.05$) in tamsulosin group. The reduction of NIH-CPSI in combination group was significantly greater than that in tamsulosin group ($P < 0.01$).

Interpretation of results

Combined therapy with solifenacin and tamsulosin can improve the symptoms for patients with type III prostatitis better than therapy with tamsulosin only.

Concluding message

Type III prostatitis ; Solifenacin ; Tamsulosin ; Combined therapy

References

1. Nickel JC, Nyberg LM, Hennenfent M. Research guidelines for chronic prostatitis: consensus report from the first National Institutes of Health International Prostatitis Collaborative Network. *Urology*, 1999, 54:229-233
2. Pontari M A, Mcnaughton-collins M, O'leary MP, et al. The CPCR Study Group. A case-control study of risk factors in men with chronic pelvic pain syndrome. *BJU Int*, 2005, 96(4):559-565
3. Ghobish AA. Quantitative and qualitative assessment of flowmetrograms in patients with prostatodynia. *Eur Urol*, 2000, 38:576-583

Disclosures

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