

COMPARATIVE EVALUATION OF EFFICACY OF USE OF DOXAZOSIN MESYLATE AND/OR TOLTERODINE ER FOR THE TREATMENT OF CHRONIC PROSTATITIS/CHRONIC PELVIC PAIN SYNDROME WITH OVERACTIVE BLADDER SYMPTOMS

Hypothesis / aims of study

We evaluated the efficacy and safety of a therapeutic modality involving tolterodine combined with doxazosin in patients with chronic prostatitis/chronic pelvic pain syndrome (CP/CPSS) complicated with overactive bladder (OAB).

Study design, materials and methods

An open-label study involving consecutive patients with CP/CPSS complicated with OAB. They were asked to complete the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) score, overactive bladder symptoms scores (OABSS) and perform basic uroflowmetry. A total of 80 patients with CP/CPSS complicated with OAB were included in the study. The patients were studied in two randomly divided groups. Group 1 patients (n=40) received Doxazosin mesylate 4 mg/day, group 2 patients (n=40) received doxazosin mesylate 4 mg/day plus tolterodine ER 4 mg (once a day). In addition, all patients were treated with antibiotic therapy (levofloxacin 200 mg [twice a day]). The groups received medical treatment for 6 weeks. NIH-CPSI, OABSS and uroflowmetry were used to evaluate the severity of the condition and the efficacy of the drug after the treatment. All patients recorded the adverse events as well.

Results

Improvements in different level were noted in each group after treatment in maximum flow rate (Q_{max}), average micturition volume, NIH-CPSI score and OABSS. A significant variation (P<0.05) regarding the alleviation was observed in groups 1 and 2. Patient satisfaction rates were found to be significantly higher in group 2 than in group 4. There was no adverse event recorded in all the patients to warrant discontinuation of the study. Doxazosin plus tolterodine efficacy was superior to doxazosin alone at the of baseline score for the total NIH-CPSI score (-7.9, p<0.01), the pain domain (-2.7, p= 0.02), the urinary symptoms domain (-2.2, p<0.01) and the impact/quality of life domain (-2.0, p = 0.02). There was no acute urinary retention in both groups. The incidences of adverse reactions in doxazosin group and combination group were 7.5%(3/40) and 12.5%(5/40) without significant difference.

Interpretation of results

In our study, the use of doxazosin plus tolterodine for CP/CPSS complicated with OAB was effective; and the use of tolterodine provided additional advantages for improving QOL. The efficacy of doxazosin mesylate combined with tolterodine was better than doxazosin alone.

Concluding message

Conclusions: The efficacy of doxazosin mesylate combined with tolterodine ER was superior to doxazosin in providing symptomatic relief in men with CP/CPSS complicated with OAB.

References

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Disclosures

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