Superior to expressed their desire to continue treatment with.

Concluding message showed that the of QOL score between the two groups may be explained by the differences in the incidence of adverse drug reactions (ADRs) was significantly lower in the Silodosin group (27.1%) compared to the Tamsulosin group (45.1%). No significant differences were observed in the incidence of other adverse events.

Interpretation of results
This ad-hoc analysis confirmed significantly greater improvement of QOL score, OABSS, and IPSS storage symptom score in the Tamsulosin group than in the Silodosin group (Fig). Since it has been reported that storage symptoms (OAB symptoms) occur less frequently than voiding symptoms but result in greater degree of discomfort, the differences noted in improvement of QOL score between the two groups may be explained by the different effects on storage symptoms. The patient survey showed that significantly more patients in the Tamsulosin group desired to continue the prescribed therapy, which may have been related to the greater efficacy and safety of Tamsulosin.

Concluding message
Treatment with both Silodosin and Tam were confirmed the rapid clinical efficacy for severe BPH patients. Tam was superior to Silodosin in the effectiveness in improving storage symptoms (OAB symptoms), safety, the time of onset of effects, and improvement in Tamsulosin QOL. A significantly greater number of patients in the Tamsulosin group than in the Silodosin group expressed their desire to continue the treatment, suggesting that from the viewpoint of patient satisfaction also, Tamsulosin is superior to Silodosin.
Comparison of efficacy in IPSS, OABSS, QOL
— Silodosin versus Tamsulosin —

**: p < 0.01 Baseline vs after 1 week
# # : p < 0.01, # : p < 0.05
\( \Delta \) Silodosin vs \( \Delta \) Tamsulosin

References

Disclosures
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