

SEVERITY OF POLLAKISURIA PREDICTS THE IMPROVEMENT IN LOWER URINARY TRACT SYMPTOM SCORE AFTER CONVERSION TO SILODOSIN FROM TAMSULOSIN OR NAFTOPIDIL IN PATIENTS WITH BENIGN PROSTATIC HYPERPLASIA

Hypothesis / aims of study

We prospectively evaluated the effects on improving lower urinary tract symptoms (LUTS) of conversion to silodocin from tamsulosin or naftopidil in patients with benign prostatic hyperplasia (BPH) in order to detect the cohort who benefit from the conversion.

Study design, materials and methods

A prospective study was conducted in consecutive 74 patients with LUTS secondary to BPH who had not been satisfied with tamsulosin or naftopidil treatment. Inclusion criteria were international prostate symptom score (IPSS) ≥ 8 , QOL-index ≥ 2 , maximal flow rate (Qmax) in free uroflowmetry ≤ 14 ml/s, or post voiding residual urine (PVR) ≥ 50 ml under administration of any aforementioned agent. Before, one and three months after conversion to silodocin (8mg daily) from preceding agent, we assessed all patients in terms of IPSS, QOL-index, Qmax and PVR. We examined the correlations of changes in IPSS after conversion of the agent with these parameters before conversion.

Results

Both one and three months after conversion, IPSS, subscores of storage symptoms (SSS) and voiding symptoms, and QOL-index significantly decreased ($p < 0.01$, Table 1). Subscore of storage symptoms before conversion significantly correlated with decrease in SSS of one month after conversion ($p < 0.0001$, $r = 0.5210$), and with decrease in both IPSS and SSS of three months after conversion ($p = 0.0001$ and 0.0002 , $r = 0.4300$ and 0.4190). Further analyses revealed pollakisuria score of IPSS before conversion alone had significant relationship with decrease in both IPSS and SSS at three months after conversion ($p = 0.0362$ and 0.003 , $r = 0.293$ and 0.490).

Table 1. Symptom scores and QOL-index before and after conversion of agents

Mean \pm SD	Before	1 Mo.	3 Mos.
IPSS	15.3 \pm 6.9	12.9 \pm 6.8	12.7 \pm 6.8
Storage SS	6.0 \pm 3.4	5.0 \pm 2.9	5.0 \pm 3.2
Voiding SS	7.4 \pm 3.7	6.1 \pm 3.8	6.1 \pm 3.7
QOL index	3.7 \pm 1.1	3.3 \pm 1.2	3.2 \pm 1.3

Interpretation of results

In clinical setting, it is not uncommon to get IPSS improved by switchover of α blocking agent in BPH patients, whereas the selection and sequence of agents are of empiric. Our study revealed that among patients with unsatisfying LUTS under taking tamsulosin or naftopidil cohort with high SSS, especially high score of pollakisuria, is good candidate for converting to silodocin which has higher selectivity to α 1A adrenoceptor.

Concluding message

To BPH patients not satisfying under tamsulosin or naftopidil treatment, converting the agents to silodocin brings improvement of LUTS. Above all those with higher SSS, especially with higher score of pollakisuria, are good candidates for the conversion.

Disclosures

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