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EARLY ADD-ON EFFECT OF DUTASTERIDE IN PATIENTS WITH BENIGN PROSTATIC HYPERPLASIA TREATED WITH ALPHA BLOCKER

Hypothesis / aims of study

In men with moderate-to-severe LUTS and an enlarged prostate, 5 α -reductase inhibitors (5ARIs) are a recommended treatment option. Almost study proved the efficacy of 5 ARIS 3 or 6 months after treatment. There is no study, to investigate the early effect of 5 ARIS. In our impression, 5 ARIS had an early effect of improved voiding and storage symptom. Therefore, we conduct this study to investigate the early effect of 5ARIS.

Study design, materials and methods

This study was a prospective study involving the participation of 10 out-patients clinic in Chiba prefecture. The institutional review board at each study center approved the study protocol and the study was conducted in accordance with the Declaration of Helsinki. All subjects provided written consent prior to receiving any screening assessments. The inclusion criteria were an age of 50 years or older, a diagnosis of clinical BPH, an IPSS of 8 points or greater in spite of treatment using alpha-1 blocker over 1 month, a prostate volume measured by trans abdominal ultrasonography of 15 mL or greater, Men with a history of prostate cancer or a serum prostate-specific antigen (PSA) value greater than 10 ng/mL were excluded. In subjects with a PSA level of 4 ng/mL or greater, it was the responsibility of investigators to rule out the presence of prostate cancer. Patients recorded their urinary symptoms every 14 days after starting dutasteride (Questions of urinary symptom were as same as those of International Prostate Symptom Score (IPSS).) and uroflowmetry, residual urine volume and IPSS were checked 1 month and 3 month and 6 month after starting dutasteride.

Results

83 patients were participated in this study. Median age was 69.8 (54-89), median prostate volume was 49.2ml (24.7-103.3) median PSA was 5.23ng/ml (0.6-20.3), median IPSS was 17.8(7-35), median maximum flow rate was 9.8ml/s (3.2-25) and residual urine volume was 68.9ml (21-316).

1, 2, 3 and 6 months after treatment, median IPSS was 12.4, 11.9, 11.9 and 11.7, respectively and median maximum flow rate was 10.9 ml/s, 8.5ml/s, 12.7ml/s and 16.8ml/s, respectively and residual urine volume was 51.4ml, 56ml, 62ml and 54ml, respectively. Incomplete emptying, straining, intermittency and urgency were immediately improved within 3days. However, nocturia was not improved. Weak stream, frequency have been gradually improved within 6months.

Interpretation of results

To define 'effective' as 3points decreased IPSS, 51 (61.4%) were effective 1 month after treatment. Severe based IPSS is significantly related with the improvement of IPSS ($p < 0.0001$).

Concluding message

This is the first clinical report about early effect of 5 ARIS. However, this study is not randomized study. Furthermore study is necessary to improve this early effect.

References

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