

## ASSESSMENT OF 0.2 MG TAMSULOSIN FOR BENIGN PROSTATIC HYPERPLASIA: DATA FROM A KOREAN MULTICENTER CROSS-SECTIONAL STUDY

### Hypothesis / aims of study

To estimate efficacy and treatment satisfaction with 0.2 mg tamsulosin in patients with symptomatic benign prostatic hyperplasia, and individual lower urinary tract symptoms according to treatment satisfaction

### Study design, materials and methods

A cross-sectional study was conducted in 1,260 patients from multiple centers. International Prostate Symptom Score (IPSS), prostate volume, uroflowmetry, and combined medications were recorded. Detailed questionnaires were used to evaluate treatment satisfaction and symptom improvement 8 weeks after treatment with 0.2 mg tamsulosin.

### Results

After 8 weeks of medication with 0.2 mg tamsulosin, IPSS score improved significantly. Among the 1260 patients, 813 (64.52%) were satisfied and 447 patients (35.48%) were dissatisfied with 0.2 mg tamsulosin. The reasons for patient dissatisfaction were efficacy problems (79.87%) and side effects (4.25%). Total IPSS, IPSS voiding (IPSS-V), IPSS storage (IPSS-S) and quality of life after treatment significantly improved. Treatment satisfaction was affected by age, underlying medical disease and baseline IPSS severity ( $p = 0.020$ ,  $0.0427$  and  $< 0.001$ , respectively), but only age and baseline IPSS were risk factors for dissatisfaction.

### Interpretation of results

Despite the efficacy of tamsulosin 0.2 mg, more than one-third of patients were not satisfied with the medication. These patients were mainly older and severe baseline LUTS.

### Concluding message

Tamsulosin 0.2 mg for the treatment of symptomatic benign prostatic hyperplasia was effective in symptomatic improvement. However, a relatively high proportion of patients were dissatisfied with the treatment. The main reason for dissatisfaction was efficacy problems, and the degree of satisfaction was related to age and baseline IPSS severity. In patients with old patient and severe lower urinary tract symptoms, dose escalation should be considered earlier to improve the satisfaction.

Multivariate logistic regression analyses of treatment satisfaction according patient variables.

IPSS	Parameter	Standard Error	P value	Odds Ratio	95% CI	
	Estimate				Lower	Upper
Age	-0.0471	0.0133	0.0004	0.954	0.929	0.979
Symptom duration	0.0504	0.0433	0.2442	1.052	0.966	1.145
Underlying medical disease	-1.0297	0.8461	0.2236	0.357	0.068	1.875
Baseline IPSS severity	-1.4320	0.3490	<0.0001	0.239	0.121	0.473
Prostate size	-0.0078	0.0100	0.4324	0.992	0.973	1.012
Qmax	-0.0488	0.0287	0.1892	0.952	0.900	1.008

### References

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### Disclosures

**Funding:** This study was supported by a grant from Astellas Pharmaceutical. The authors have provided no information on sources of funding or on conflicts of interest directly relevant to the content of this study. **Clinical Trial:** Yes **Registration Number:** approval by the Institutional Review Board of Korea Univ **RCT:** Yes **Subjects:** HUMAN **Ethics Committee:** approval by the Institutional Review Board of Korea Univ **Helsinki:** Yes **Informed Consent:** Yes