LONG-TERM COMBINED α-BLOCKERS AND 5-α-REDUCTASE INHIBITOR IN BPH-THERAPEUTIC EFFECTS, ADHERENCE, AND PREDICTORS FOR WITHDRAWAL OF MEDICATION

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Introduction
Benign prostatic hyperplasia (BPH) is a progressive disease commonly associated with bothersome lower urinary tract symptoms (LUTS). It may result in complications, such as acute urinary retention (AUR), and require BPH-related surgery [1-3]. Combination therapy with α-blockers and 5ARIs has been proven effective in reducing LUTS, decreasing TPV, and reducing the risk of disease progression compared to treatment with a single medication or placebo [4-5].

Methods
BPH patients with lower urinary tract symptoms (LUTS) under combination therapy were retrospectively analyzed from 1 to 12 years span. The therapeutics effects were assessed by International Prostatic Symptoms Score (IPSS) and quality of life index (QoL-I), total prostatic volume (TPV), maximum flow rate (Qmax), voided volume (VoL), prostatic specific antigen (PSA) at baseline and annually. The reason and predictors of discontinued combination therapy were also investigated.

Results
A total of 625 patients, aged 40-97 (mean, 73) years, with 1-12 years of follow-up (mean, 3 years) were retrospectively enrolled. All measured parameters showed significant improvement after combination therapy. Three hundred and sixty-nine (59%) patients discontinued combination therapy with mean treatment duration of 2.2 years. The most common reason for discontinuation of combination therapy was conversion to single medication (19.8%). Age and QoL-1 did not influence the adherence rate, but the larger Qmax and larger TPV lead to better adherence to combination therapy.

Conclusion
Patients receiving combination therapy showed significant improvement in all measured parameters. The most common cause of discontinuation of combination therapy was conversion to single medication. The larger Qmax and larger TPV after treatment predicted patient adherence to combination therapy.

References