

SWITCH OF MEDICAL TREATMENT IN PATIENTS WITH LOWER URINARY TRACT SYMPTOMS SUGGESTIVE OF BENIGN PROSTATIC HYPERPLASIA OVER 10-YEAR FOLLOW-UP

Hypothesis / aims of study

The most appropriate treatment can be targeted to each individual patient in management of lower urinary tract symptoms (LUTS) suggestive of benign prostatic hyperplasia (BPH). We investigated switch of medical treatment in patients with LUTS according to types of medical treatment in real-world clinical practice.

Study design, materials and methods

From January 1989, of 617 patients with LUTS who received alpha-blocker monotherapy (MT) or alpha-blocker plus 5 alpha-reductase inhibitor (5ARI) combination therapy (CT) as their initial treatment, 162 patients improved LUTS after medications, 124 patients died, 22 patients were performed BPH-related surgery, 216 patients with medical treatment over 10-year were analyzed for this study. The patients were divided into MT and CT group according to initial medical therapy. Medical records for switch of medical treatment, age, prostate specific antigen (PSA), prostate volume (PV), and incidences of BPH progression events were retrospectively compared between the two groups.

Results

In initial treatment, Mean age of the patients was 61.8 years old. Their mean follow-up duration was 167 months. Mean PSA was 2.6 ng/ml. Mean PV was 39.6 ml. 139 cases (64.4%) were MT group, 77 cases (35.6%) were CT group.

Over 10-year, 70 (50.4%) MT and 69 (49.6%) CT were seen in MT group. 58 (75.3%) CT and 19 (24.7%) MT were seen in CT group. The incidence of AUR (6.5%) and BPH-related surgery (2.6%) were low in CT group. In comparison of baseline age, PSA, and PV according to switch of medical therapy, baseline PV was significant difference in both groups, respectively ($p=0.007$, $p=0.004$).

Interpretation of results

There was more MT than CT in initial treatment. However, there was more switch of medical treatment type in initial MT in real-world clinical practice over 10-year follow-up. The incidence of BPH progression events was high in initial MT group.

Concluding message

The initial use of CT is recommended in patients with LUTS and BPH..

Table. Comparison of baseline characteristics according to switch of medical therapy

| Variables | MT (n=139) | | p-value | CT (n=77) | | p-value |
|----------------------------|----------------|----------------|---------|----------------|----------------|---------|
| | MT (n=70) | CT (n=69) | | MT (n=19) | CT (n=58) | |
| Age, years | 60.1 (40-79) | 62.6 (40-79) | 0.089 | 61.5 (50-73) | 64.4 (49-80) | 0.096 |
| PSA, ng/ml | 1.9 (0.2-17.2) | 2.4 (0.2-13.3) | 0.199 | 2.6 (0.04-9.5) | 3.5 (0.3-12.6) | 0.235 |
| PV, ml | 33.0 (20-74) | 40.5 (20-123) | 0.007 | 35.0 (17-72) | 49.6 (20-124) | 0.004 |
| AUR | 3 (4.3) | 13 (18.8) | | 1 (5.3) | 4 (6.9) | |
| BPH-related surgery | 8 (11.4) | 8 (11.6) | | 0 (0) | 2 (3.4) | |

MT, alpha-blocker monotherapy; CT, alpha-blocker plus 5 alpha-reductase inhibitor combination therapy; PSA, prostate specific antigen; PV, prostate volume

Disclosures

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