

LONG-TERM COMPLIANCE IN MEN WITH MEDICAL TREATMENT FOR SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA : OVER 10-YEAR FOLLOW-UP

Hypothesis / aims of study

Clinically benign prostatic hyperplasia (BPH) is classically associated by the progressive development of lower urinary tract symptoms (LUTS). We investigated the reasons of follow-up (F/U) loss in patients with LUTS during long-term medical therapy.

Study design, materials and methods

January 1989 to June 2000, of 617 patients with LUTS who received a-blocker monotherapy (MT) or a-blocker plus 5 α -reductase inhibitor combination therapy (CT) as their initial treatment, 527 patients who lost F/U were analyzed. The patients were divided into MT and CT group according to medical therapy. The reasons of F/U loss were collected retrospectively. The reasons were categorized for the following variables: symptom improvement, no efficacy, BPH-related surgery, unknown, refer to other local hospital, diagnosis of prostate cancer, aggravation of comorbidity, and death.

Results

The mean age of the patients was 65.1 years old. The mean F/U duration was 82.5 months. The mean prostate specific antigen was 2.5 ng/ml. The mean prostate volume was 39.6 ml.

317 cases (63.8%) were MT group, 210 cases (70.1%) were CT group. In the MT group, the reasons were as follows: symptom improvement: 86 (27.1%), death: 75 (23.7%), refer to other local hospital: 64 (20.2%), no efficacy: 51 (16.1%), unknown: 17 (5.4%), BPH-related surgery: 17 (5.4%), aggravation of comorbidity: 4 (1.3%), and diagnosis of prostate cancer: 3 (0.9%). In the CT group, the reasons were as follows: symptom improvement: 76 (36.2%), refer to other local hospital: 50 (23.8%), death: 49 (23.3%), no efficacy: 15 (7.2%), unknown: 7 (3.3%), BPH-related surgery: 5 (2.4%), aggravation of comorbidity: 6 (2.9%), and diagnosis of prostate cancer: 2 (0.9%).

Interpretation of results

About 70% of F/U loss patients were symptom improvement (30.7%), death (23.5%), and refer to other local hospital (21.6%). Compared with the CT group (9.6%), no efficacy and BPH-related surgery was high in the MT group (21.5%).

Concluding message

we should consider more active treatment modality such as surgical treatment, in men with LUTS due to BPH despite medical treatment.

Table. Baseline characteristics and reasons of F/U loss in BPH patients according to medical therapy

Variables	MT (n=317)	CT (n=210)
Age, years	64.9	65.5
Prostate volume, ml	37.8	42.2
PSA, ng/ml	2.3	2.9
F/U duration, months	83.1	81.7
Reasons of F/U loss (%)		
Symptom improvement	86 (27.1)	76 (36.2)
Death	75 (23.7)	49 (23.3)
Refer to other local hospital	64 (20.2)	50 (23.8)
No efficacy	51 (16.1)	15 (7.2)
Unknown	17 (5.4)	7 (3.3)
BPH-related surgery	17 (5.4)	5 (2.4)
Aggravation of comorbidity	4 (1.3)	6 (2.9)
Diagnosis of prostate cancer	3 (0.9)	2 (0.9)

F/U, follow-up; BPH, benign prostatic hyperplasia; MT, a-blocker monotherapy; CT, a-blocker plus 5 α -reductase inhibitor combination therapy; PSA, prostate specific antigen

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** EMR based retrospective study **Helsinki:** Yes **Informed Consent:** Yes