78

Shim J S¹, Kim J Y¹, Pyun J H¹, Cho S¹, Kang S G¹, Kang S H¹, Cheon J¹, Kim J J¹, Lee J G¹ **1.** Department of Urology, Korea University College of Medicine

WHO ARE SUITABLE FOR LOW-DOSE TAMSULOSIN MONOTHERAPY AS INITIAL TREATMENT STRATEGY IN MALE PATIENTS WITH LOWER URINARY TRACT SYMPTOMS?

Hypothesis / aims of study

This study aims to investigate the real indications for low-dose tamsulosin monotherapy for initial treatment.

Study design, materials and methods

A cross-sectional study was conducted in a total of 1643 patients with lower urinary tract symptoms (LUTS) and with initial lowdose tamsulosin. Initial pre-treatment data including the International Prostate Symptoms Score (IPSS), prostate volume, and uroflowmetry data were reviewed. After 8 weeks of treatment, post-treatment IPSS and satisfaction was assessed. Logistic regression analysis was conducted to investigate the pre-treatment factors influencing post-treatment satisfaction.

Results

Overall satisfaction rate with low-dose tamsulosin as an initial treatment medication was 88.7%. Multivariate analysis revealed that symptom durations, IPSS voiding score, IPSS storage score, and quality of life (QoL) were determinant factors for patient satisfaction. ROC analysis revealed that a urinary score >10 and symptom duration >3 years showed satisfaction with a sensitivity of 85.8% and 90.6%, respectively, and specificity of 43.5% and 39.8%, respectively. Whereas, ROC analysis revealed that a storage score > 5 and QoL > 3 showed non-satisfaction with sensitivity of 84.2% and 39.5%, respectively, and specificity of 43.5% and 45.7%, respectively. Multivariate regression analysis demonstrated that voiding score and storage score had a significant relationship with QoL (unstandardized coefficients: 0.073, 0.145, respectively; P-value: <0.001, <0.001, respectively).

Interpretation of results

The patient with higher storage scores and higher QoL before treatment could have a higher change of non-satisfaction. Combining treatment with anticholinergics could be considered in these patients.

Concluding message

Our study has demonstrated the therapeutic indication of low-dose tamsulosin as an initial treatment strategy for patients with LUTS.

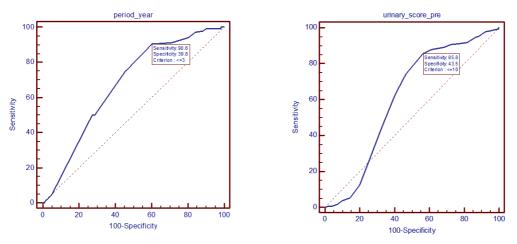


Figure 1. ROC analysis showed a positive relationship between symptom duration and IPSS voiding score, and satisfaction.

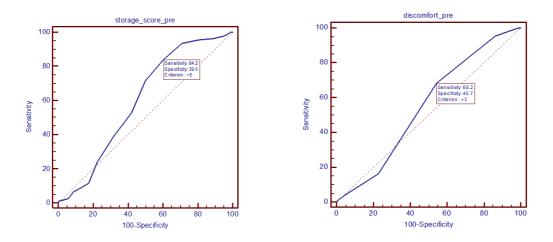


Figure 2. ROC analysis showed a negative relationship between IPSS storage score QoL, and satisfaction.

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