The effects of flexible-dose tamsulosin on LUTS and treatment satisfaction in patients with BPH: 12-week, open-label, observational study

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**Hypothesis / aims of study**

- Alpha-adrenoceptor antagonist
  - Effects of alpha-blockers for LUTS are the proportionate relationship to the dosage
- Tamsulosin
  - Selective alpha 1a-adrenoceptor antagonists
  - 0.2mg is more often applied initially in Asia
  - Not achieve a satisfactory response of 0.2mg → increase in dose may be considered

**Objective**

- To investigate the effects of flexible-dose tamsulosin on LUTS and treatment satisfaction in patients with BPH.

**Study design, materials and methods**

- 12-weeks, open-label, observational study
- Subjects
  - Patients aged ≥ 50 yrs who had IPSS of ≥ 8 and Qmax ≤ 15 mL/s
- Exclusion criteria: neurogenic bladder, Hx. of AUR or prostate surgery, anatomical lower urinary tract abnormalities beyond BPH and symptomatic UTI
- Study design and Protocol
  - First 4 weeks: received tamsulosin 0.2mg/d
  - Tamsulosin 0.2mg group: maintained starting dose
  - Tamsulosin 0.4mg group: increased 0.4mg for remaining 8 wks.
  - Patients with reduction of IPSS ≤ 3 or dissatisfaction in TSQ after 0.2mg treatment for 4 wks were decided to receive 0.4mg

**Results**

- **Primary endpoint**: change of total IPSS and treatment satisfaction by flexible-dose tamsulosin at week 12
- **Secondary endpoint**: proportion of patients with escalation of tamsulosin dose from 0.2 to 0.4mg, changes of IPSS QoL score, storage and voiding subcore by flexible-dose tamsulosin, change of total IPSS in tamsulosin 0.4mg group, comparison of total IPSS at week 12 between tamsulosin 0.2mg group and 0.4mg group, and baseline factors affecting 0.4mg dose escalation.

**Interpretation of results**

- Flexible-dose tamsulosin treatment, 0.2mg maintenance or 0.4mg dose escalation by treatment satisfaction and LUTS after tamsulosin 0.2mg treatment for 4 weeks in patients with BPH showed significant improvement of LUTS, high satisfaction rate and well tolerated. Maximum uroflow rate was an independent factor affecting tamsulosin 0.4mg dose escalation.

**Conclusion message**

- Flexible-dose tamsulosin treatment in patients with BPH successfully improved LUTS, satisfaction rates and well tolerated.