

COMBINATION TREATMENT WITH AN ALPHA1-BLOCKER PLUS AN ANTICHOLINERGIC FOR THE PATIENTS WITH SUSPECTED BLADDER OUTLET OBSTRUCTION (BOO) CONCOMITANT WITH OVER-ACTIVE BLADDER (OAB).

Hypothesis / aims of study

To evaluate the effect of anticholinergic drug combined with alpha1-blocker on the quality of life in patients with suspected bladder outlet obstruction (BOO) concomitant with over-active bladder (OAB). The patients were selected and diagnosed by subjective symptoms and uroflowmetry.

Study design, materials and methods

Our study included 46 (age, 63-86: mean 73.2) consecutive patients with suspected BOO with concomitant OAB. We suspected BOO by the effectiveness of alpha1-blocker. Patients who had more than 150 ml of post void residual (PVR), glaucoma or serious neurogenic bladder were excluded. All patients were initially treated with alpha1 blocker (0.2 mg tamsulosin or 25 mg naftopidil) orally once a day and all of them improved, but the symptoms of OAB still remained. The patients were evaluated using a quality of life questionnaire (King's Health Questionnaire: KHQ), frequency volume chart (FVC), international prostate symptom score (I-PSS), BPH Impact Index, Quality of Life Index, uroflowmetry and PVR. They received 10 mg propiverine (anticholinergic drug) orally once a day and 4 weeks later, reevaluation was performed.

Results

Four patients were excluded from this study due to polyuria as recognized by FVC. There was no patient with retention or dry mouth. The questionnaire revealed that 23 cases of patients wanted to take more propiverine because of the improvement of OAB, however, the other 19 patients did not want to take more propiverine. On KHQ, role limitations ($p=0.01$, two-tail paired t test) and emotions ($p=0.03$) were improved statistically, but the other factors did not change. Analysis revealed statistically significant improvement in FVC (frequency and voiding volume, $p < 0.01$), I-PSS ($p < 0.01$), and Quality of Life Index ($p < 0.01$). Maximum urinary flow rate ($p < 0.01$) and average urinary flow rate ($p < 0.01$) were significantly decreased after treatment. Volume of PVR was increased from 37.7 ± 4.49 ml to 59.5 ± 6.33 ml. It was statistically significant ($p < 0.01$).

Interpretation of results

It is known that combination treatment with an alpha-blocker plus an anticholinergic improves quality of life in patients with BOO concomitant with detrusor overactivity (DO). Urodynamic study is essential to diagnose BOO and DO. Our study showed that the combination of these two drugs can improve the quality of life in patients with suspected BOO concomitant with OAB.

Concluding message

We conclude that together, these drugs are beneficial for patients with OAB symptoms, and both drugs can be used without urodynamic study, however we strongly recommend assessment of PVR.