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EFFECTS OF TAMSULOSIN HYDROCHLORIDE ON BOTHER SCORES FOR LOWER URINARY TRACT SYMPTOMS IN PATIENTS WITH BENIGN PROSTATIC HYPERPLASIA

Hypothesis / aims of study

Improvement of bother to clinical symptom is one of the most important parameters for treatment of patients with LUTS suggestive of benign prostatic hyperplasia (BPH). We observed the therapeutic effects of α_1 -blocker on International Prostate Symptom Score (I-PSS), quality of life (QOL) index, and the bother score for individual symptom. We have evaluated the contribution of symptom or bother scores to post-treatment QOL index.

Study design, materials and methods

87 untreated BPH patients (average age 71 years) were treated with tamsulosin hydrochloride 0.2 mg once daily for 12 weeks. All patients were evaluated using the I-PSS, QOL Index, and bother score for each symptom every month. Seven step scale of bother score is as follow: 0: not at all bothersome; 1: not bothersome; 2: not much bother; 3: difficult to say; 4: bothers me a little; 5: bothers me some; 6: bothers me a lot, maximum score 42 points).

Results

In the pre-treatment state, score for slow stream in IPSS and bother scores for nocturia and day time frequency were significantly higher than that of other symptoms (Fig. 1). After treatment, total IPSS, QOL and total bother scores were significantly improved ($P < 0.01$). With the exception of urgency, improvements in all individual symptom scores and bother scores were observed ($P < 0.01$) (Fig.2). The contribution of improvement in each symptom score and bother score to post-treatment QOL index was examined, using a path analysis model. The data showed that improvement in the symptom score for slow stream, and improvements in the bother scores for increased day time frequency and nocturia, significantly contributed to improvement in post-treatment QOL.

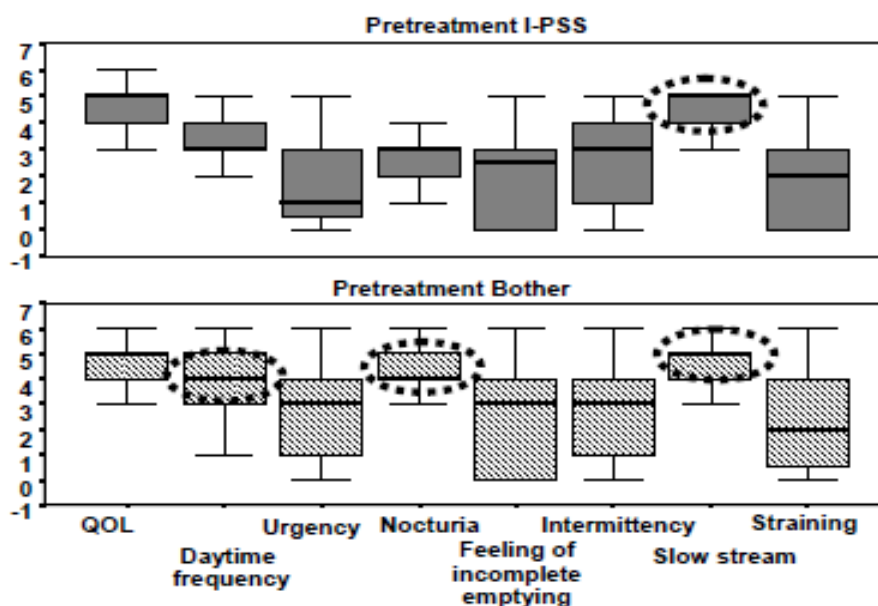


Fig. 1 Pre-treatment I-PSS and bother score in BPH patients

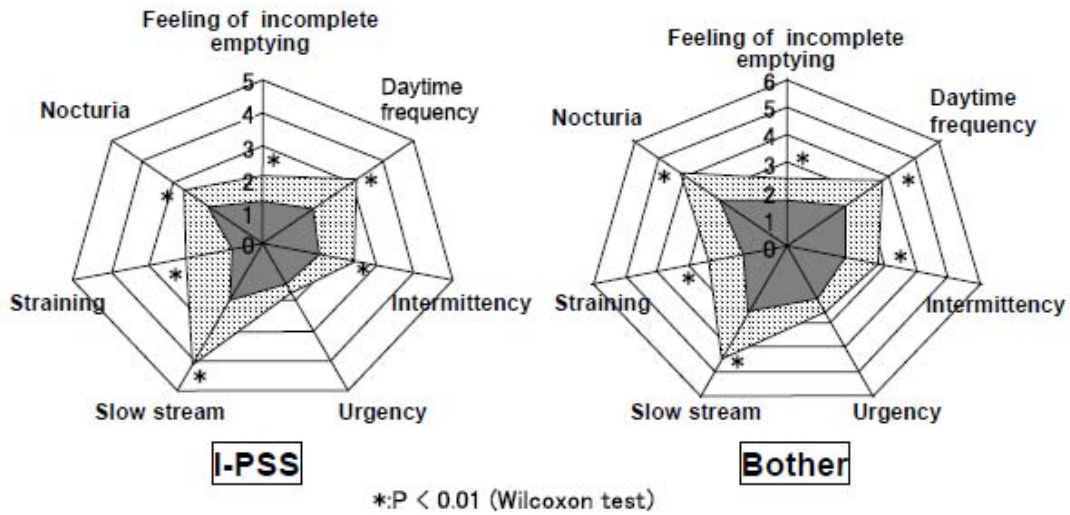


Fig. 2 Effect of tamsulosin treatment for each I-PSS and bother score in BPH patients

Interpretation of results

Slow stream and increased day time frequency and nocturia are important symptoms that motivate patients to seek medical care in patients with LUTS suggestive of BPH. Tamsulosin has significant efficacies to both voiding and storage symptoms and QOL. Furthermore, the present study suggests that improvement in the symptom or bother scores for slow stream, day time frequency and nocturia are important to improvements in QOL after α_1 -blocker treatment for BPH.

Concluding message

Tamsulosin causes improvement of bother in slow stream, increased day time frequency and nocturia, which may significantly contribute to QOL improvement in patients with LUTS suggestive of BPH.