

## THE EFFECTS OF SELECTIVE ALFA1-ADORENERGIC RECEPTOR ANTAGONISTS FOR POST-MICTURITION SYMPTOMS OF PROSTATIC HYPERTROPHY PATIENTS—A STUDY FOR COMPARING THREE TREATMENT GROUPS OF SILODOSIN, TAMSULOSIN OR NAFTOPIDIL—

### Hypothesis / aims of study

To compare the effects of three selective alpha1-adorenergic receptor antagonists for improvement lower urinary tract symptoms of the international prostate symptom score (IPSS) and post-micturition dribble (PMD)<sup>1)</sup>.

### Study design, materials and methods

Seventy-seven patients who had been diagnosed benign prostatic hypertrophy (BPH) by digital rectal examination or transrectal ultrasound of prostate from July 2006 to December 2006 was subjected. Among these patients, Silodosin group (4mg twice a day), Tamsulosin group (0.2mg once a day) and Naftopidil group (50mg once a day) was compared total IPSS, PMD sub-scores, and IPSS / QOL score after 12 weeks treatment.

### Results

In overall 77 patients, 46 patients were improved in combined total I-PSS and PMD sub-score, but 31 patients were not changed. In comparisons of three groups for voiding symptoms (ntermittency, slow stream, straining as the sub-scores of IPSS), storage symptoms (daytime frequency, nocturia, urgency as the sub-scores of IPSS) and post-micturition symptoms (incomplete emptying as the sub-score of IPSS and PMD sub-score), Silodosin group showed a significant improvement of PMD sub-score and better but not significant improvement of incomplete emptying sub-score.

### Interpretation of results

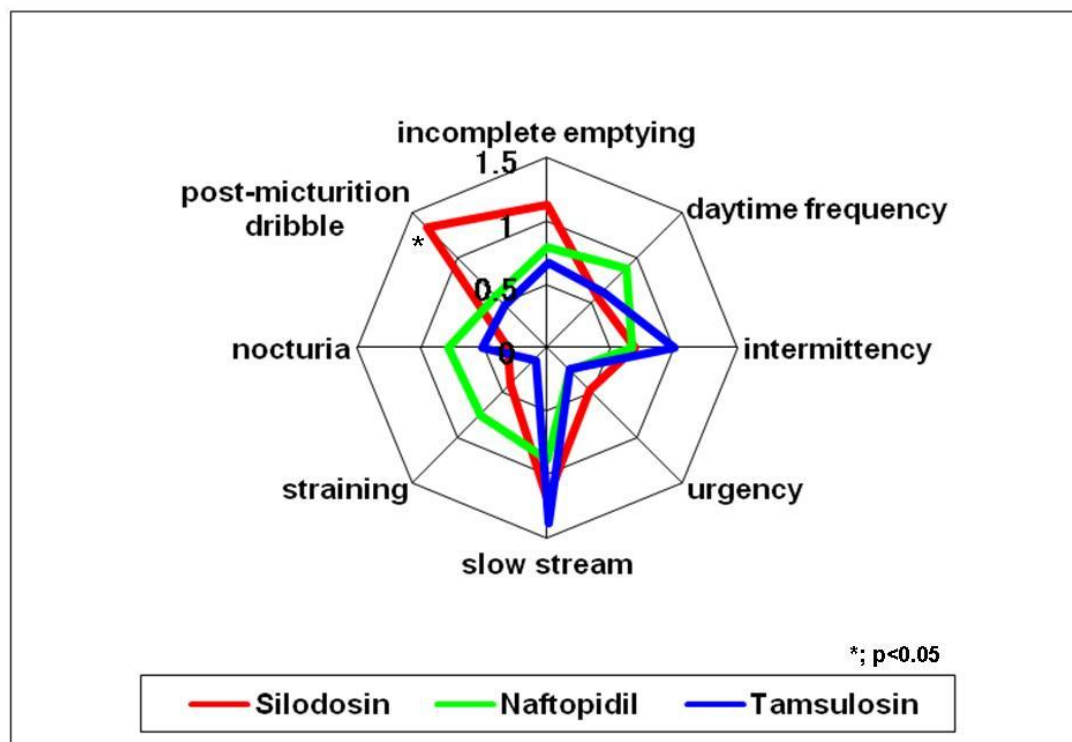
As these results, Silodosin group showed trend for improving post-micturition symptoms than other two groups. In our study for voiding symptoms, storage symptoms and post-micturition symptoms, Silodosin was indicated to have striking effect of PMD improvement.

### Concluding message

Silodosin is strictly selective for alpha1-adorenergic receptor, and may have different effect profile from the conventional selective alpha1-adorenergic receptor antagonists in treatment of prostatic hypertrophy patients.

### References

- 1) Neurourol Urodyn. 2002;21(2):167-78.



Specify source of funding or grant

None

Is this a clinical trial?

Yes

Is this study registered in a public clinical trials registry?

No

<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	Kinki University School of Medicine
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes