

THE CHANGE OF IPSS STORAGE SUB-SCORE AFTER LONG TERM MEDICAL THERAPY IN BPH PATIENTS

Hypothesis / aims of study

The incidence of OAB in men is higher than women after age of 60- 65 because of 2nd OAB due to BPH. In this study, we want to evaluate the change of IPSS storage sub-score after α -blocker or α -blocker and finasteride combination therapy in BPH patients. And, we also want to compare the Korean combination therapy data with MTOPS study data.

Study design, materials and methods

From January 2001 to August 2007, total 1315 LUTS/BPH patients were retrospectively enrolled at 5 urology clinics in Korea. Eligible patients were men 50 years and older with a total IPSS of 12 or higher and can be followed up at least 1 year. We sub analyzed the high storage sub-score patients (storage sub-score of 6 or higher). The Patients were divided four groups: group I (α -blocker monotherapy with IPSS storage sub-score less than 6, n=329), group II (α -blocker monotherapy with IPSS storage sub-score of 6 or higher, n=343), group III (α -blocker and finasteride combination therapy with IPSS storage sub-score less than 6, n=267) group IV (α -blocker and finasteride combination therapy with IPSS storage sub-score of 6 or higher, n=376). International Prostatic Symptom Score (IPSS), IPSS sub-scores (voiding & storage), transrectal ultrasonography (TRUS), PSA, Qmax, and IPSS QoL were analyzed.

Results

Significant improvements in the IPSS score, IPSS voiding sub-scores and Qmax occurred in all groups at 1 year, but IPSS storage sub-scores were improved in only high storage sub-score groups (II & IV). IPSS QoL was more significantly improved in high storage sub-score groups (II & IV) compared with group I and III. Like a MTOPS study, PSA and prostate volume had increased in group I, II at 1 year after α -blocker monotherapy, PSA and prostate volume had decreased in group III & IV at 1 year after combination therapy. The incidence of AUR and BPH-related surgery were 5% (34/672) and 4.7% (32/672) in α -blocker monotherapy group (group I & II), 4% (32/643) and 6.8% (44/643) in combination group (group III & IV)

Interpretation of results

Considering the burden of keeping a bladder diary and limitation of PPBC as efficacy parameter, IPSS sub-score can be used for another evaluation tool for male OAB. There was no difference of AUR and BPH-related surgery between α -blocker monotherapy and combination therapy because of baseline TRUS and PSA were different.

Concluding message

In this study, we found that OAB symptoms of high IPSS storage sub-score patients (6 or higher, in group II & IV) were improved after long term BPH medical treatment (α -blocker or α -blocker and finasteride). Improvement of OAB symptoms in BPH patients were related with relief of bladder outlet obstruction and high IPSS storage sub-score but not with α -blocker and finasteride itself. IPSS QoL was more related with IPSS storage sub-score.

<i>Specify source of funding or grant</i>	This study was funded by MSD Korea.
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	retrospective study
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	No