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THE EFFECT OF TAMSULOSIN HCL (0.2MG) ON FEMALE LOWER URINARY TRACT SYMPTOMS WITH MAXIMAL URINARY FLOW RATE LESS THAN 12ML/SEC

Hypothesis / aims of study
In the female bladder neck, the alpha adrenergic component seems less present. Nevetheless, some experiences using alpha-blockers in women suffering from obstructed urine flow have been reported. We assessed the effectiveness of administering alpha 1-adrenoceptor antagonist, tamsulosin, for the patients with maximal flow rate less than 12ml/sec.
Study design, materials and methods
From January 2007 to December 2007, 150 patients with maximal flow rate less than 12ml/sec were selected for this study. The patients were treated with tamsulosin at a dose of 0.2mg per day. The effectiveness of tamsulosin was assessed by analyzing the International Prostate Symptom Score (IPSS) and the other parameters, including the maximal urinary flow rate (Qmax), and the postvoid residual urine. The data for these parameters were acquired at baseline and after 4 and 12 weeks of treatment.
Results
Of the 150 patients, 113 patients (75.3%) completed the study. The clinical parameters, including the total IPSS, voiding symptom score, the Qmax and the residual urine except for storage symptom score showed significant improvement 4 and 12 weeks after treatment from the baseline ($p<0.05$). The incidence of adverse events was only 4.4% including dizziness in 3 patients, stress incontinence in 1 patient and letharge in 1 patient.
Interpretation of results
Alpha-1 adrenoceptor antagonist, tamsulosin, significantly improved the subjective symptoms and uroflowmetric parameters in female patient with low maximal flow rate, less than 12ml/sec.
Concluding message
The use of tamsulosin may be an initial treatment option with low maximal urinary flow rate in female.

Table 1. Comparison of the clinical parameters between pre- and post-treatment

	Baseline	4 weeks	12weeks	p-value
	mean±SD			
IPSS total	13.6±3.4	11.9±3.1	10.2±3.5	<0.05
voiding symptoms	8.7±3.1	7.2±2.8	6.4±2.7	<0.05
storage symptoms	4.8±0.9	4.4±0.7	4.3±0.6	>0.05
Maximal flow rate (ml/sec)	10.4±1.2	12.5±2.5*	12.9±2.4*	<0.05
Residual urine (ml)	51.5±25.8	33.5±22.4*	31.8±22.4*	<0.05

IPSS: International Prostate Symptoms Score
* No significant change in maximal flow rate, residual urine between 4 weeks and 12 weeks

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What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
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Was the Declaration of Helsinki followed?	**Yes**

Was informed consent obtained from the patients?	**Yes**