

Hypothesis

- α -blocker have a role of improving bladder storage function
Yokoyama, O. et al. The Journal of urology, 177(2), 771-775.
- Female patients are also prescribed α -blocker in clinic
- Examined if α -blocker only has any efficacy and compliance in female overactive bladder patients.

Study design

- Thirty-one female patients were enrolled and randomized

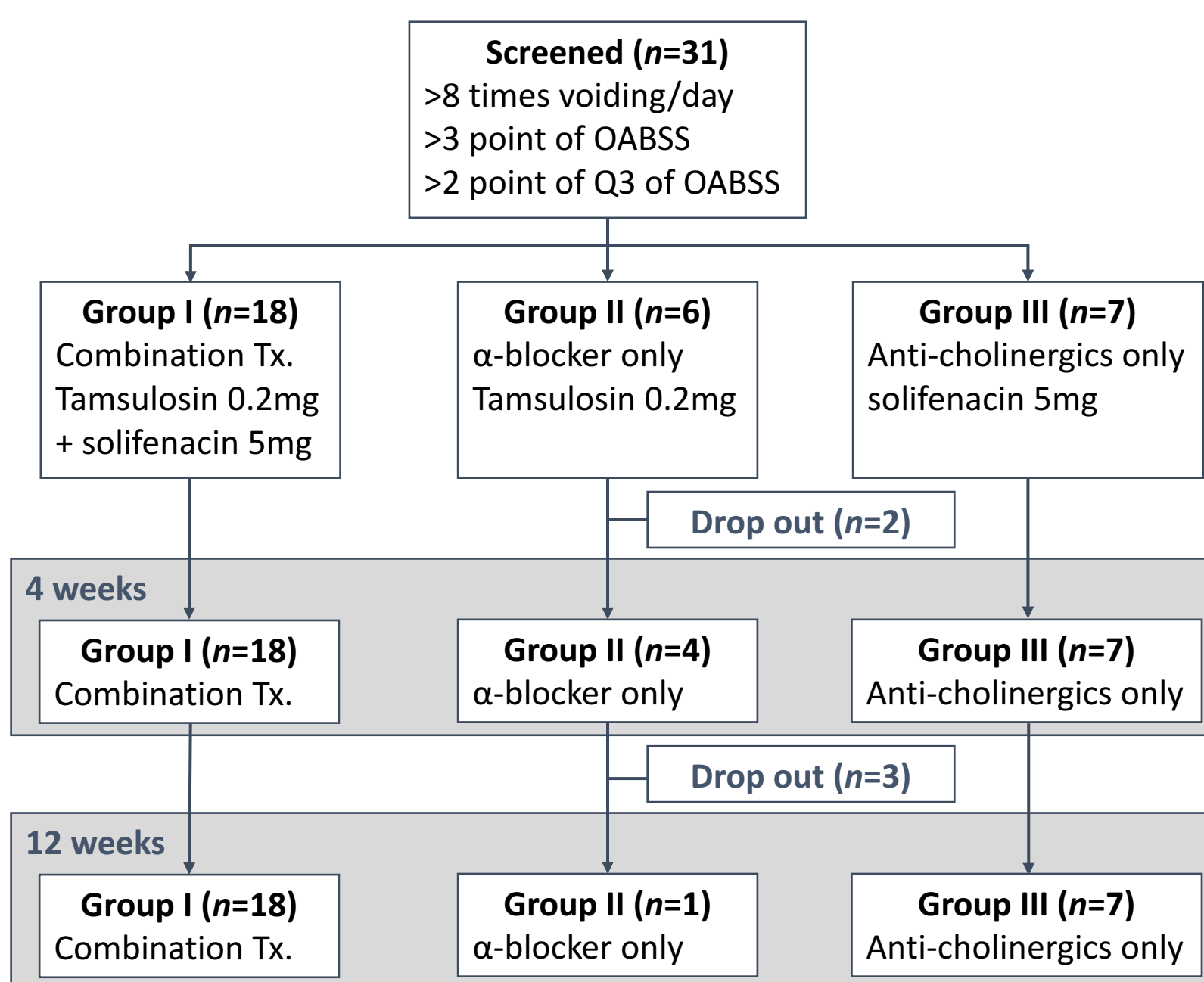


Figure 1. Study design and patients disposition (OABSS=overactive bladder symptoms score; Q3=question number 3; Tx.=treatment)

Results I

Table 1. Baseline characteristics and outcome measures among treatment groups

Parameters	Group I (n=18)	Group II (n=6)	Group III (n=7)
Age, years, mean±SD	55.6±14.0	57.8±11.6	54.4±11.5
OABSS			
Baseline	6.3±2.0	5.8±2.2	7.6±1.8
4 weeks	4.6±1.9	6.5±1.5	5.2±3.1
Changes	-2.1±0.7	0.3±1.3	-2.8±1.0
IPSS			
Baseline			
4 weeks	11.4±8.2	14.8±4.9	11.4±5.5
Changes			
UPS			
Baseline	1.8±0.9	1.7±0.5	1.6±0.5
4 weeks	1.9	1.5	1.6
Changes			

SD=standard deviation; OABSS=overactive bladder symptoms score; IPSS=international prostate symptoms score; UPS=urgency perception scale

Results II

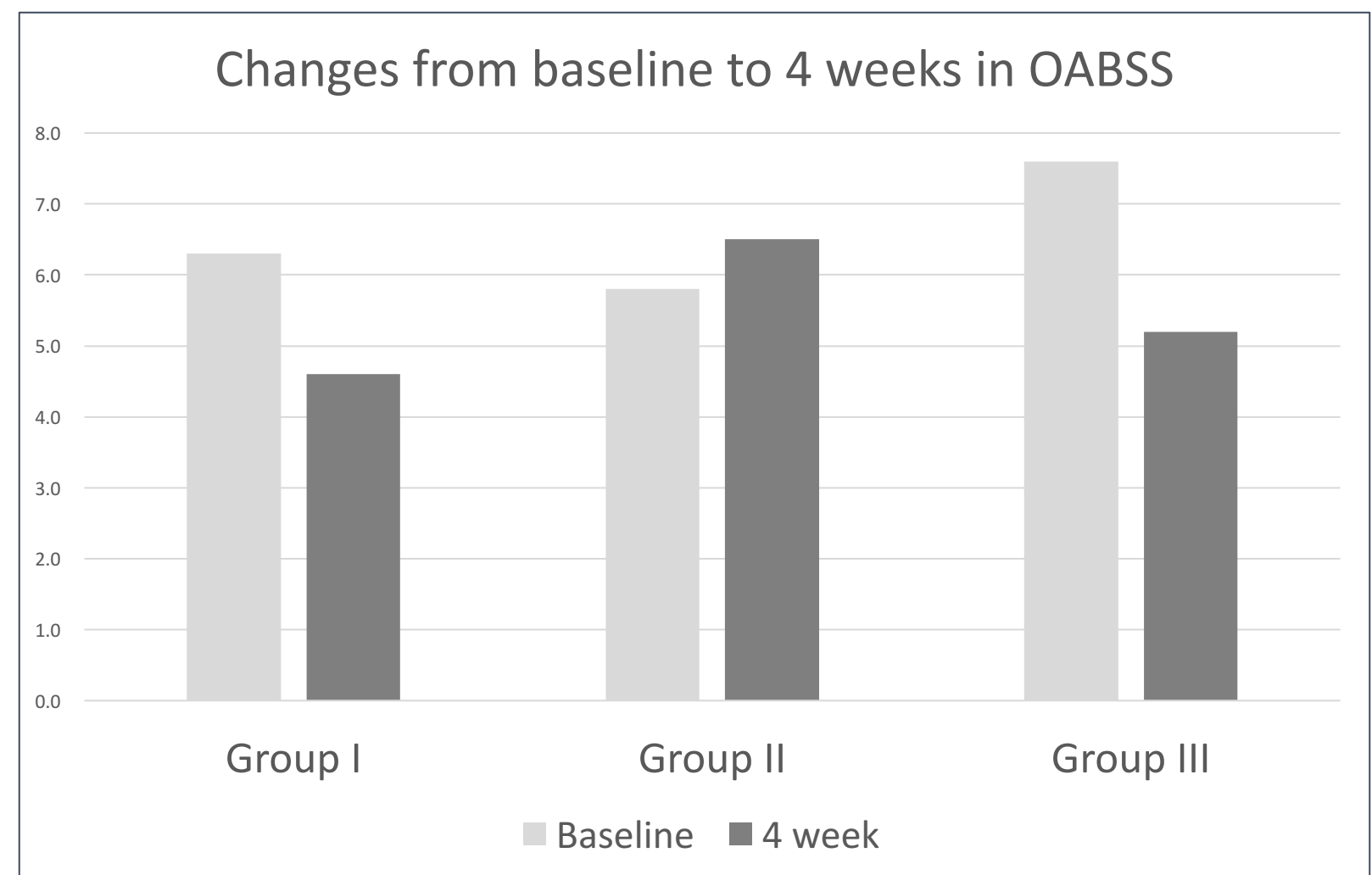


Figure 2. Changes from baseline to 4 weeks in OABSS (OABSS=overactive bladder symptoms score)

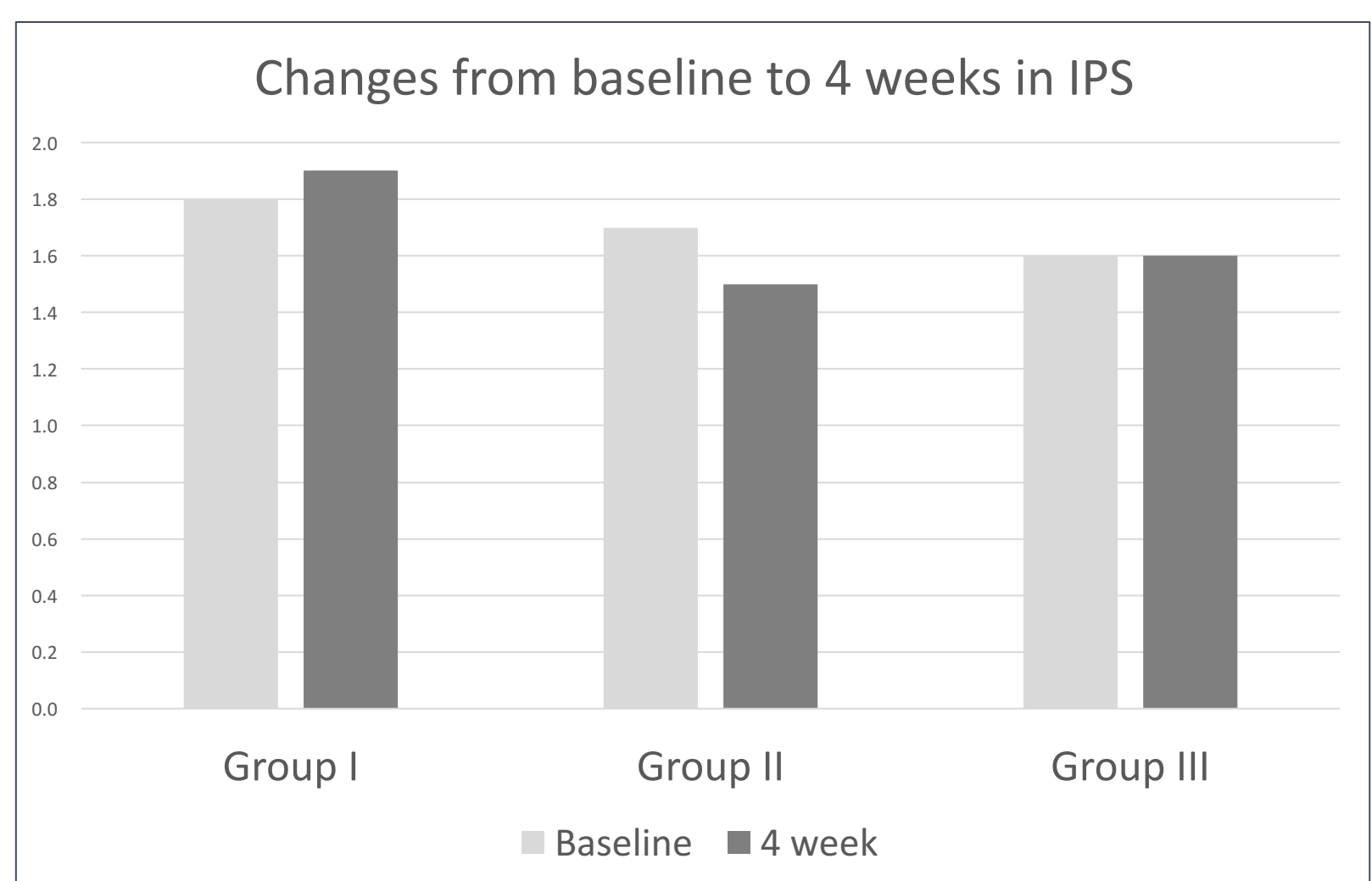


Figure 3. Changes from baseline to 4 weeks in UPS (UPS=Urgency perception scale)

Conclusion

- α -blocker monotherapy didn't make any significant efficacy in female overactive bladder patients
- Many subjects in α -blocker monotherapy group made poor compliance during the treatment period
- There was no difference between anticholinergics group and combination of anticholinergics plus α -blocker group.