

Treatment of Benign Prostatic Hyperplasia (BPH) by Providing a long-term Therapy with Finasteride and α_1 ad Blockers (Tamsulosin)

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INTRODUCTION-AIM

Finasteride, which is a potent inhibitor of 5α -reductase and tamsulosin, a selective blocker of the urinary tract α_1 adrenergic receptors, aim to improve the clinical symptomatology of patients with BPH in a different way. Tamsulosin, which acts on smooth muscular fibers of the lower urinary tract, can improve the clinical symptoms of obstruction by reducing the urethral resistances. On the other hand, finasteride has an intracellular action expressed by the blockade of 5α -reductase, an enzyme indispensable for the prostatic cell development. This drug can improve the objective clinical symptomatology in BPH by reducing the size of prostate.

The purpose of our study is to detect the impact of the combined administration of finasteride and tamsulosin on the clinical progression of BPH.

PATIENTS AND METHODS

Our material is composed of 450 male patients aged in average 67.7 years with typical Lower Urinary Tract Symptomatology (LUTS), observed since 1999. These patients had no indication for prostatectomy. None of them had followed other medical therapy. The diagnosis of BPH is based on the clinical and laboratorial findings. The grade of the obstruction was estimated by ultrasounds and uroflowmetry. These patients were

divided into 3 groups following a random selection:

Group A 150 patients treated with tamsulosin 0.4 mg per os/ once a day

Group B 150 patients treated with finasteride 5 mg per os/ once a day

Group C 150 patients treated with a combination of finasteride and tamsulosin

All the patients above were subjected to clinical and laboratorial examinations, every 2 months.

RESULTS

One year later, 40% of patients in group A showed an improvement of objective symptomatology, whereas an increase of Qmax (peak flow rate) in uroflowmetry was found in 32(21%) patients. 22 of the 150 patients (14%) treated only with finasteride (group B) showed an improvement of their symptoms, whereas an increase of the Qmax was observed in 19 patients. 38% of the patients in group C treated with combination therapy (tamsulosin and finasteride) mentioned improvement of their symptoms and in 28% of them an increase of the Qmax in uroflowmetry was noted.

Now 4 years later, the improvement of the clinical symptomatology still remains in 32% of the patients treated only with tamsulosin (group A), while an increase of Qmax (in average 2,4

grades) is found in 30% of them. In this group acute urinary retention was observed in 15 patients, whereas renal failure in 3 patients. In 11 patients of this group prostatectomy was performed, as it was necessary.

In 30% of patients treated with finasteride only (group B) an improvement of their objective symptoms was observed, along with an increase of Qmax (3,7 grades in average) in 28% them. In 10 patients of this group a reduction of prostate size is found. Prostatectomy was performed in only 2 patients.

42% of patients treated with combination therapy mention improvement of obstructive symp-

toms. In 40% of them an increase of Qmax (3.4 grades in average) was found. Acute urinary retention was observed in only 4 patients. Prostatectomy was necessary to be performed in only 2 patients. All patients tolerated the therapy, mentioned above, very well.

CONCLUSION

The combination of therapy with finasteride and tamsulosin is an effective and safe form of medical therapy of BPH in order to reduce the clinical progression of the hyperplasia and the risk of invasive therapy as well as to improve the symptoms and the parameters in uroflowmetry.