

BPH – The ‘Classic’ Evidence

1.MTOPS

- Methods

3047 subjects
Placebo Vs Doxazosin Vs Finasteride Vs Doxazosin + Finasteride
Defined clinical progression as
AUA score increase of >4 points
Incontinence
Retention
Renal impairment
Recurrent infection

- Results

Risk reduction of progression 39% Doxazosin, 34% Finasteride and 66% combination – compared to Placebo alone

BPH Progression

Monotherapy – equivalent reduction in incidence of BPH progression
Combination – more effective than Monotherapy for BPH progression

AUR

Finasteride alone as good as combination in preventing AUR
Combination therapy gives a relative risk reduction of 79% for developing AUR compared to placebo

- Conclusions

To prevent one case of retention you need to treat 52 patients for 4 years with combination therapy
Risk of retention reduced by combination and finasteride, but NOT doxazosin
Symptom score reduction significantly reduced by all therapeutic groups compared to placebo
Combination therapy symptom score reduction superior to doxazosin or finasteride alone

2.Olmsted County

- Methods

Minnesota, USA
2115 randomly selected men (40 – 79yrs)
Recruited in 1990
LUTS, PFR, PSA, Prostate size & AUR
AUA > 7 & PFR <15
17% of men in their 50s
27% of men in their 60s
35% of men in their 70s
4 year follow up

- Results

Retention - 57 men – Incidence of 6.8/1000
Men with no to mild symptoms AUA <7
40-49 2.6/1000
70-79 9.3/1000
Moderate to severe symptoms
40-49 3.0/1000
70-79 34.7/1000
Prostate size >30mls = 3 fold increase risk
Flow rate < 12ml/s = 4 fold risk of retention
AUA Sx Score - Increases 0.2/Year

3. Veterans NEJM 1995

- Methods
 - Multicentre RCT
 - 1986 -1989
 - Men >54 years
 - Moderate symptoms of BPH
 - TURP = 280 men / WW = 276 Men
 - 3 year follow up
 - 1° outcome measure
- Treatment failure defined as:
 - Death
 - Repeated or intractable urinary retention
 - PMRV > 350ml
 - Development of bladder stones
 - New & Persistent incontinence
 - High symptom score
 - Doubling of serum creatinine
- Results
 - EARLY
 - Median 14g tissue resected
 - 78% 4 or less days in hospital
 - 4% Post TURP retention
 - Transfusion 1%
 - UTI 1%
 - No deaths
 - 10% T1a or T1b Ca Prostate
 - LATE
 - 4% BNI
 - 4% Urethral stricture requiring dilation
 - 3% Redo TURP
- Conclusions
 - TURP is more effective than WW in reducing the rate of treatment failure and improving genitourinary symptoms
 - WW is a safe alternative for men who are less bothered by LUTS