

MP06-16:

Does symptomatic improvement in IPSS & IIEF Scores correlate with objective changes in urodynamic parameters amongst patients with symptomatic BPH following tamsulosin/tadalafil monotherapy or combination of both? : A Prospective Study.

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Methodology

- ▶ While treating patients with symptomatic BPH , clinical benefit of PDE5 inhibitors has been documented, urodynamic data regarding the effect of PDE5 inhibitors is sparse.
 - ▶ prospective, randomized open label trial on 45 men with symptomatic BPH
- Selected patients were randomly assigned to three treatment groups.
- ▶ Group A : Tamsulosin 0.4mg once daily
 - ▶ Group B : Tadalafil 10mg once daily
 - ▶ Group C: Tamsulosin 0.4mg + Tadalafil 10mg as combination once a day

Patients were assessed at the start of the study and at the end of 3 months.

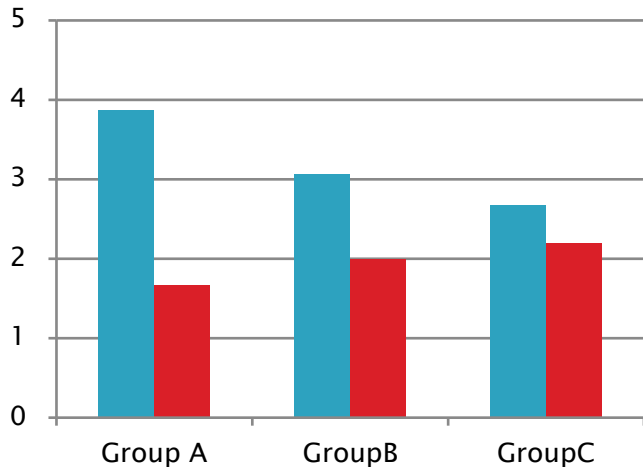
- ▶ IPSS,
- ▶ QOL,
- ▶ IIEF-5

- ▶ Qmax,
- ▶ Pdet Qmax,
- ▶ BOOI,
- ▶ BCI
- ▶ PVR.

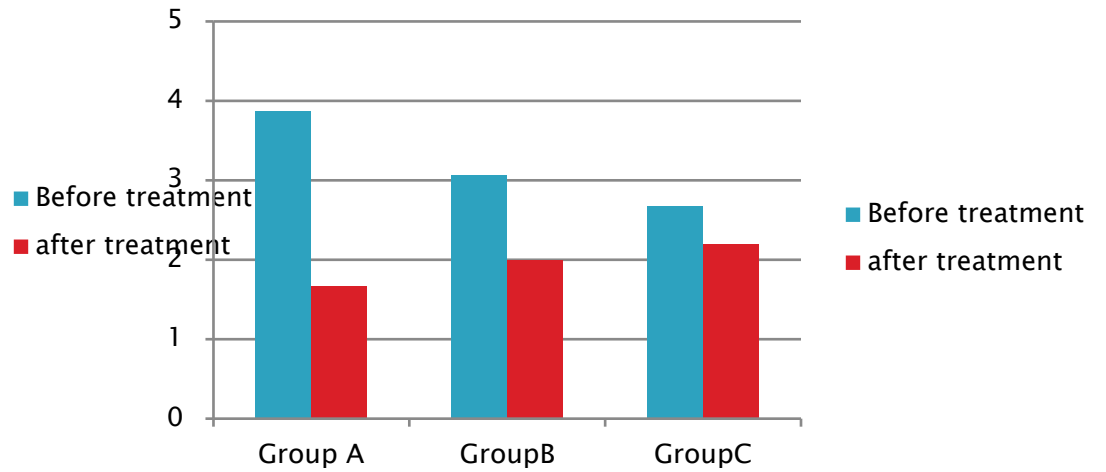
Subjective parameters

Objective parameters

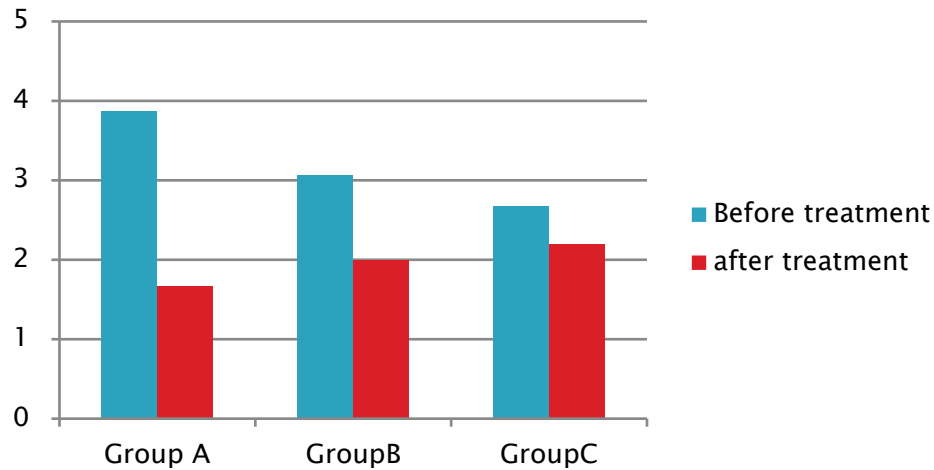
Change in IPSS



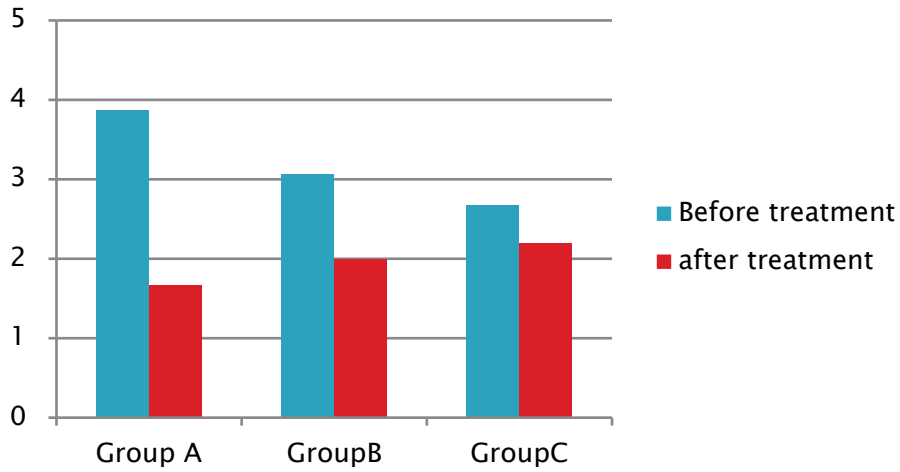
Change in QOL



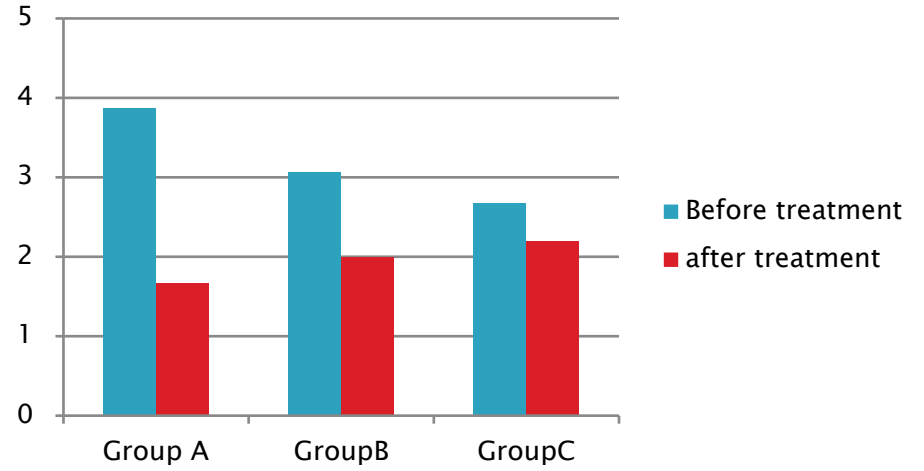
Change in IIEF



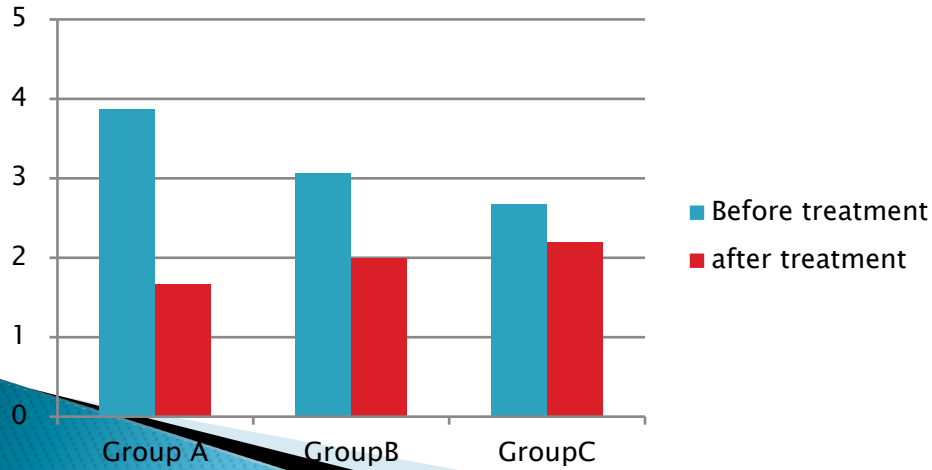
Change in Pdet Qmax



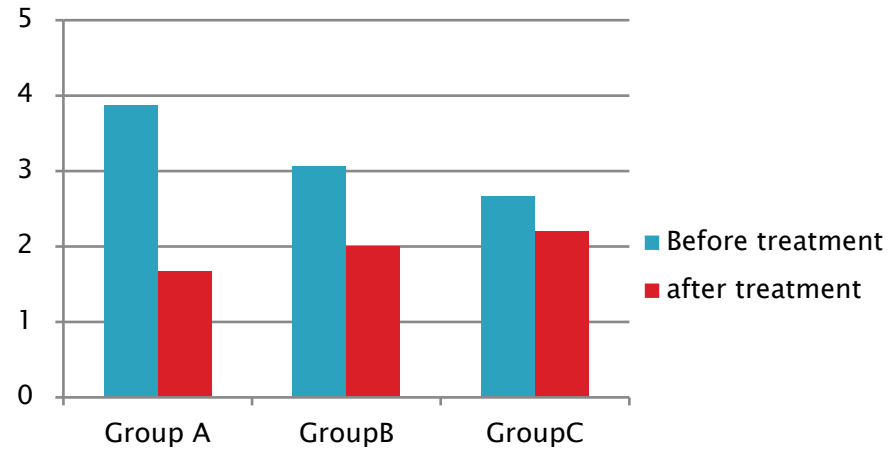
Change in BOOI



Change in BCI



Change in PVR



Conclusion

- ▶ Current study documented subjective improvement of LUTS parameters and sexual dysfunction with either tamsulosin, tadalafil or combination of both.
- ▶ However, combination of both the drugs with different mechanism of action failed to achieve additive benefit either subjectively or objectively (as documented by urodynamic parameters) .
- ▶ Hence, we can not recommend combination of alpha blocker with PDE5 inhibitors in all patients with BPH.
- ▶ The improvement in erectile function with tamsulosin was insignificant.
- ▶ Therefore, for patients with symptomatic BPH with bothersome ED, monotherapy with tadalafil may be considered rather than as a combination with tamsulosin.
- ▶ Interesting to note that the subjective improvement in LUTS was not reflected objectively in urodynamic parameters.

