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 Pdet Qmax

Change in BOOI

Change in BCI

Change in PVR

Group A  GroupB  GroupC

Group A  GroupB  GroupC

Group A  GroupB  GroupC

Group A  GroupB  GroupC
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.