Benign Prostatic Hyperplasia: Medical Management Update

Jeffrey K. Mullins, MD
CHI Memorial Chattanooga
Urology Associates
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Disclosures

• None
Medical Therapy

- Herbal Therapies
- Alpha Blockers
- 5 alpha reductase inhibitors
- PDE 5 inhibitors
- Combination Therapy
Herbal Remedies
Herbal Remedies

- **Saw Palmetto**
  - **Active Ingredient:** Serenoa Repens (the Berries)
  - **Monotherapy?**
    - **No role**
    - **Randomized trial of escalating doses in JAMA**
    - **No difference compared to placebo (both groups got a little better)**
Herbal Remedies

• **Combination Therapy?**
  – Maybe – PROCOMB Trial (2014)
  – Randomized trial
    • Flomax vs. Saw Palmetto/lycopene/selenium vs combo therapy
  – Results:
    • Combo therapy improved IPSS and Flow rate at 6 months

• **Dangerous supplement : Vitamin E**
  – Increases prostate cancer risk (SELECT Trial)
Medical Management
Alpha Blocker

• Agents:
  – Tamsulosin, Alfuzosin, Doxazosin, Terazosin, and

  Bottom Line:
  Excellent choice for monotherapy in men with BPH and
  moderate/severe symptoms

• All agents have similar efficacy
  – Doxazosin and Terazosin need to be titrated

• Side effects:
  – Dizziness and Retrograde Ejaculation (10%)
Medical Management

5ARI’s

• Agents: Finasteride and Dutasteride
• Mechanism of Action: Stop conversion of testosterone to dihydrotestosterone
• Role:
  – Less effective than alpha blockers as monotherapy
  – Prostates > 35g
  – Excellent in combination with alpha blockers
Medical Management
5ARI’s – Caveat #1

- Dutasteride vs. Finasteride (EPICS Study)

- No Difference in Dutasteride vs. Finasteride
- Finasteride is available as generic
- Dutasteride (Avodart) is not
- I only write Finasteride (cost considerations)
Medical Management

5ARI’s – Caveat #2

- 5ARI’s and Prostate Cancer
- Studies to know
  - REDUCE (NEJM 2010)
  - PCPT (NEJM 2003)
  - Finnish PCST (Br J Cancer 2009)
- Outcome:
  - Prevention of prostate cancer with finasteride or dutasteride
Medical Management
5ARI’s – Caveat #2

• Important Results:
  – Rate of cancer detection in *for cause* biopsy no different between 5ARI and placebo
  – Patients on 5ARI *less likely* to undergo biopsy
    • PSA changes due to 5ARI’s
  – Prostate Cancer reduction at *end of study biopsy* limited to *Gleason 6 cancers*
Medical Management
5ARI’s – Caveat #2

• Important Results:

BOTTOM LINE ABOUT 5 ARI’s
1. Very effective and indicated in men with urinary obstruction due to enlarged prostate
2. Never use for chemoprevention of prostate cancer
3. Double PSA in men on 5ARI’s to get true value
4. Rising PSA in man on 5ARI → Immediate Urology Referral
Medical Management
PDE5 Inhibitors

Questions ??
1. How did they get full bathtubs down to the beach?
2. Shouldn’t a middle aged man drinking wine in a bathtub by the ocean be going to the bathroom more??
Medical Management
PDE5 Inhibitors

- 4 RCT’s demonstrating efficacy in BPH/LUTS (CIALIS 5MG ONLY)
- Mechanism
  - Smooth muscle relaxation
- Expectations:
  - 2/3 of treated patients with improvement
  - Similar results as alpha blockers
- Ideal patients:
  - BPH/LUTS + ED
  - BPH/LUTS refractory to alpha blockers
Medical Management
Combination Therapy

5ARI’s + α-blockers
- 2 Studies: MTOPS and COMBAT
- Prostate Volumes: 36 and 55 grams, respectively

α-blocker + Cialis
- Limited data
- Combination therapy showed small improvement
  - Voiding function, Erectile function, PVR, and Flow Rate

TRIPLE THERAPY??
- No Data
- Makes sense
- Worth a shot in patients with concurrent ED and those wishing to avoid surgery
1. Phytotherapy is not recommended as monotherapy in patients with moderate/severe symptoms.

2. α-blockers are the mainstay of medical monotherapy (cheaper than Cialis).

3. Combination therapy (α-blocker/5 ARI) is a good option in men with BPH/LUTS with a prostate larger than 35 grams (Treat and Prevent Progression).

4. Cialis is a great option in men with co-existing ED, refractory to α-blockers, or non-tolerant of α-blockers.

5. Combination therapy with Cialis is promising and is likely safe.
When a patient fails medical therapy there is one therapy which is universally accepted as a “standard of care.”

WHEN WE FIGURE IT OUT WE’LL LET YOU KNOW!!
Questions???