Can We Use the Silodosin as Second Line Treatment of Benign Prostate Hyperplasia?

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Abstract

Objective: Our study aimed to the efficacy of silodosin in patients with LUTS associated with BPH who were not-responder to previous ARs blocker therapy. Methods: Patients who did not benefit from alpha blockers treatment, but did not want surgical treatment are included in this study. At enrollment, 75 patients and 75 patients were assigned to group 1 and group 2, respectively. Group 1 received silodosin 8 mg, group 2 received their previous α blocker. Results: Although, in group 1 mean IPSS score at baseline was 20,81±0,97, and it significantly decreased to 17,12±1,25 at third months, in group 2 no significant changes were observed. On the other hand in group 1 a decrease was also observed for both IPSS sub score was significantly reduced at third months, when it is compared with baseline. At the end of the third month, a significant improvement in this parameter was observed after switching to silodosin, as compared with first value (p< 0,05). As to the residual urine, significant improvement was observed in the silodosin group but no significant improvement was observed in group 2. Conclusion: This study was conducted to investigate the effectiveness and safety of silodosin in patients with BPH who had not achieved satisfactory symptom control with other α blockers in routine clinical practice before surgical treatment. Thus, at least patients who have different comorbidities will be protected from morbidities of surgery.

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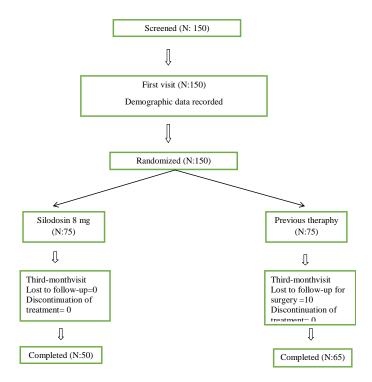


Figure 1. Flow of study participants through the study.

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