

Clinical Efficacy of Dutasteride in Patients Who Failed alpha 1-Blockers for Acute Urinary Retention Due to Benign Prostatic Hyperplasia

Introduction and Objective: Acute urinary retention (AUR) caused by BPH is a great risk factor of surgical procedures. Whereas recent studies showed that alpha blockers monotherapy with trial without catheter (TWOC) for patients with AUR is effective, the efficacy of 5-ARI with alpha blockers has been unknown. We aimed to evaluate the efficacy of dutasteride with alpha blockers on BPH clinical progression (i.e., recurrence of AUR or prostate surgery) in patients with AUR.

Materials and Methods: A total of twelve patients with AUR caused by BPH from September 2009 to December 2011 were assessed retrospectively. All patients had failed TWOC and had been treated with CIC. Patients with neurogenic bladder, < 65 years, < a prostate volume (PV) of 30 cc, prostatitis or recurrent UTIS and taking medicine that are known to exert an influence on the urinary function were excluded. Dutasteride 0.5 mg was added on alpha blockers after failure of TWOC. PV, PSA and QOL were evaluated before and every three months during the follow-up period. The primary end-point was success rate of dutasteride with alpha blockers, and the second end-points were clinical progression after cessation of CIC.

Results: The mean age, PV and PSA of patients before adding dutasteride were 80 years, 68 cc and 5.2 ng/ml, respectively. After combination therapy (mean 11.5 months), the mean PV and PSA significantly decreased from 68 to 50 cc (-26%) and from 5.2 to 3.1 ng/ml (-39%), respectively. The success rate of the study was 67%. Whereas all patients who succeeded did not experience recurrence of AUR, febrile UTI and BPH-related surgery during our follow-up, mean IPSS-QOL was 4 (mostly dissatisfied). Four patients (32%) failed; however, two of the four patients regarded the combination therapy as meaningful because technical difficulty of CIC was improved in one and pain caused by CIC was alleviated in one.

Conclusions: Our results suggest that dutasteride with alpha blockers for AUR due to BPH may be successful in patients who failed TWOC, and could reduce the risk of clinical progression. However, further study as to urinary symptoms, QOL, sexual function and BPH-related medical costs would be necessary.