Editorial

Alphablockers First Dose for Luts; Efficacy and Tolerance

Vela Navarrete Remigio*

Department of Urology and Kidney Transplantation, Universidad Autonoma Madrid, Spain

EDITORIAL

The main objective of this study was to evaluate the immediate effect of Tamsulosin, alpha 1A blocker, a dose of 0.5 milligrams, in a period of six hours, on symptoms potentially related with BPH and physical parameters of bladder function as UFM and PVR. Successive controls at 1 month and 3 month were done in 340 patients of 390 initially enrolled. Comparative results permitted to assess the predictive value of the first dose.

Formally this extensive study is excellent. The comments that follow on the results correspond to selected clinical considerations.

Are we treating symptoms related with BPH or simply are we treating bladder symptoms? The patients included in the study had a mean age of 63 +/-6.18 and a mean prostate volume of 52,23 +/- 24,59 cc., which identify them with the nosologic definition of BPH. It could be assumed that the adrenergic receptors blocked by Tamsulosin, beside bladder and bladder neck includes prostate smooth muscle. We agree that the cohort of this study represents the ideal one for the treatment with AB as a first option.

If results at 30 and 90 days (table 2) are compared, we can see that the clinical outcome (Qmax. PVR voiding time, IPSS) is stable without improvement. The question of intermittent treatment arises. However clinical experience shows that when patients forget to take the pill for a few days symptoms reappear. We also recognise the limits of AB treatment: no more improvement with a better IPSS or Qmax. Being AB a pure symptomatic treatment without effect on prostate permanent growth the convenience of combined medication arises.

Why does Tamsulosin need the cumulative doses of a week to complete the adrenergic blockage? Tamsulosin reaches international pharmacopoeia as a low release pharmacological preparation. Tamsulosin rapid release could motivate, after the first and single doses, in a few hours, postural hypotension and syncope, with harm for the aging patients. This effect called “the first doses effect” was documented with Doxazosin (prazosin) years before Tamsulosin was available. Both medication Tamsulosin and Doxazosin are now expended as low release preparations.

The wide used of AB has converted the urologists in experts on clinical pharmacologist. This obliges them to know not only their use on BPH symptoms treatment but to recognize the potential harmful interactions with other medication taken by the aging patients for hypertension, erectile dysfunction, etc. and to be alert of its permanent use risk when the patient needs a perfect status of its adrenergic system for confronting septic manipulation or surgery.

REFERENCES


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