PD22-02
THE EFFECT OF STATINS ON DEVELOPMENT OF SIGNIFICANT LOWER URINARY TRACT SYMPTOMS: RESULTS FROM THE REDUCE STUDY

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INTRODUCTION AND OBJECTIVES: Statins are cholesterol lowering agents that are commonly used for cardiovascular health. Recent studies have suggested a benefit of statins in BPH. Prior studies have shown statin use to be associated with decreased lower urinary tract symptoms (LUTS), prostate volumes, and International Prostate Symptom Scores (IPSS). However, a 6-month trial of atorvastatin vs. placebo showed no effect of statins on IPSS or prostate volume. Because the role of statins in BPH remains unclear, we evaluated the association between statin use and development of LUTS among asymptomatic men in REDUCE.

METHODS: REDUCE was a 4-year, multicenter, randomized, double-blind, placebo-controlled study that followed biopsy-negative men testing dutasteride for prostate cancer risk reduction. Eligible men were aged 50-75 years, had serum PSA between 2.5-10 ng/mL, a prior negative prostate biopsy, and baseline prostate volume < 80 cc. Men completed the IPSS questionnaire at time of enrollment and every 6 months thereafter. Exclusion criteria included men on BPH medical therapy or baseline IPSS > 8. Incident LUTS was defined as the first report of medical treatment, surgery, or sustained clinically significant BPH symptoms (two IPSS > 14). Men who progressed within 30 days of study enrollment were excluded. Cox proportional hazards were used to test whether statin use independently predicted time to incident LUTS.

RESULTS: Of the 3,057 men who met study enrollment criteria, 553 (18%) reported statin use. They were older (62.7 vs. 61.8 years, p < 0.003) and had higher BMI (27.3 vs 26.8, p < 0.001) but had similar baseline prostate volume and IPSS vs. non-statin users. Overall, 329 men progressed to symptomatic BPH. On crude analysis, statin use was not associated with decreased risk of incident LUTS (HR 1.03, p = 0.849). When adjusting for treatment group, race, diabetes, BMI, coronary artery disease, smoking status, region, PSA, IPSS, prostate volume, and age, the result was similar (HR 1.02, p = 0.900).

CONCLUSIONS: Among men with mild to no LUTS, statin use was not associated with decreased risk of developing incident LUTS. If confirmed, these findings do not support the use of statins in BPH progression.

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PD22-03
EARLY VERSUS LATE CATHETER REMOVAL IN PATIENTS WITH ACUTE URINARY RETENTION (AUR) SECONDARY TO BENIGN PROSTATIC HYPERPLASIA UNDER TAMSULOSIN TREATMENT

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INTRODUCTION AND OBJECTIVES: Currently, there is no consensus on the optimal management of AUR in terms of duration of catheterization and management following catheterization. The optimum duration of treatment with α1 blockers has not been fully assessed, and there is controversy about the length of time the catheter should remain in situ for the initial treatment phase.

The aim of the work is to assess early (3 days) and late (7 days) Foley’s catheter removal in patients with urine retention secondary to BPH under Tamsulosin therapy.

METHODS: Our study included; a total of 50 patients with AUR due to BPH who failed trial without catheter or presented for us with indwelling catheter in outpatient clinic or in emergency room. All men assigned for a second trial of TWC and received an Alpha-1 Blocker (Tamsulosin) before catheter removal.

The patients were randomly divided (envelop method) into 2 groups according to onset of catheter removal: group I included 25 patients received Tamsulosin (0.4 mg) once daily and catheter removed after 3 days and group II included 25 patients received Tamsulosin (0.4 mg) once daily and catheter removed after 7 days. A successful catheter-free void defined as a peak flow rate of > 5 ml/sec, voided urine volume > 100 ml and a residual urine volume < 100 ml.

All patients undergone complete history taking (LUTS symptoms before AUR), DRE. Routine urine analysis, serum PSA, pelvi-abdominal and/or Trans-rectal ultrasound to determine the prostate size. Uroflowmetry and Post Voiding Residual urine were performed after catheter removal in patients who micturated.

RESULTS: On catheter removal, 70% voided successfully while 30% had failed second TWC. Eighteen cases (36%) developed tamsoline side effects (fig.); dizziness in 16%, diarrhea in 8%, headache in 8%, back pain in 4% (table). The overall complication rate of catheterization was 32% (urine leakage in 6%, hematuria in 6%, asymptomatic bacteruria in 8%, lower UTI in 8% and catheter obstruction in 4%). No statistically significant differences were found between the 2 groups as regard mean age, mean size of the prostate, mean size of the adenoma, serum PSA or prevalence of co-morbidities. Group I had a success rate 64% and group II 76% (p = 0.5). The mean residual urine of group I was 76.6 ± 69.0 cc versus 83.6 ± 60.5 cc in group II (p = 0.098). Side effects related to Tamsulosin occurred in 36% of group I and 36% of group II (p = 1.0) (table). Group I had a complication rate 16% and it was significantly lower when compared to group II (48%) (p = 0.03). The Overall complications rate of catheter was higher in group II (48%) when compared to group I (16%) and this difference was statistically significant (p = 0.032).

CONCLUSIONS: Tamsulosin can be recommended for treating men after catheterization for AUR, and can reduce the likelihood of the need for re-catheterization.

Keeping patients catheterized for 7 days (while on Tamsulosin treatment) was associated with a higher complication rate and increased incidences of urinary tract infection.

Source of Funding: none

PD22-04
COMPARISON OF ERECTILE DYSFUNCTION TREATMENT EFFICACY OF MIRODENAFIL 50MG ONCE DAILY AND 100MG ON-DEMAND IN PATIENTS WITH BENIGN PROSTATIC HYPERPLASIA AND ERECTILE DYSFUNCTION: MULTICENTER, RANDOMIZED TRIAL.

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INTRODUCTION AND OBJECTIVES: To Compare the improvement of erectile dysfunction (ED) and lower urinary tract symptoms (LUTS) as well as safety of mirodenafil dosed at 100mg on-demand and 50mg daily in patients with benign prostatic hyperplasia (BPH) and erectile dysfunction (ED).

METHODS: Prospective study was done with 220 patients who had BPH and ED from June 2013 to October 2014. Out of 260 individuals, 220 met inclusion criteria and 204 finished the research. Patients were divided into two groups. Group 1 had mirodenafil 100mg on-demand and Group 2 had mirodenafil 50mg once daily. The five-item version of the International Index of Erectile Function (IIEF-5), International Prostate Symptom Score (IPSS), Qmax, and residual urine volume (PVR) were assessed immediately before initiation of treatment (V1) and after four (V2) and twelve weeks of treatment (V3).