SHORT COMMUNICATION

Current issues of BPH treatment

Bujdak P, Bardos A, Brutenic J, Reznicek J, Kotula V

Department of Urology, Faculty of Medicine, Comenius University, Derer's Memorial Hospital, Bratislava, Slovakia. **bll@fmed.uniba.sk**

Abstract

BPS is a disease with a negative impact on patient's quality not the quantity of life. Surgical treatment is still considered a gold standard, however, conservative treatment is an efficient and safe alternative with a positive impact on the quality of life.
Key words: benign prostatic hyperplasia, quantity of life, surgical treatment.

Benign prostatic hyperplasia (BPH) is benign enlargement of the prostatic gland. It is a disease of ageing which could or could not cause micturition problems. The prostatic volume increases by 0.6 to 3 ml per year, the urinary flow decreases by about 2 ml/sec in every decade. The prevalence of BPH is high and increases together with longevity. 14 % of men in the fifth decade of life suffer from BPH as well as 43 % of men after the age of sixty and more than 50 % of men older than 70.

The terminology connected with BPH was innovated recently. **Benign prostatic hyperplasia** (BPH) is the term describing histological enlargement characterized by glandular and stromal proliferation. *Benign prostatic enlargement* (BPE) indicates the enlargement of the prostate which could be detected by digital rectal examination (DRE). The *bladder outlet obstruction* (BOO) and *benign prostatic obstruction* (BPO) are urodynamic characteristics of the disease. The *lower urinary tract symptoms* (LUTS) are the most common symptoms directing the patient to the urologist. The pathophysiologic relationship between these terms is rather inaccurate. The superior term connecting the whole terminology is the *benign prostatic syndrome* (BPS). LUTS and its bothersomeness are more important for the patient. LUTS are obstructive – weak urinary stream, hesitancy, dribbling, etc. and irritative – nocturia, urgency, urgent incontinence, etc. Irritative symptoms are more bothersome for the patient and are usually the reason for visiting the doctor. BPS is a benign disease, hence the treatment is aimed at increasing the quality not the quantity of life. The disease has a slow progressive course and the progression could be influenced pharmacologically by inhibiting the enzyme 5-α reductase or by blocking the adrenoreceptors, and surgically by transurethral resection of the prostate (TUR-P) or open prostatectomy. Majority of patients are on conservative treatment recently. 5-α reductase inhibitors (finasteride, dutasteride) lead to a decrease of the prostate volume, therapeutics effects occur after 3 to 6 month of treatment. They release LUTS and improve the urinary flow. They could worsen libido and erectile function as an adverse side effect. α-blockers (alfuzosin, doxazosin, tamsulosin, terazosin) relax smooth muscles of the prostatic urethra and the bladder neck. LUTS releasing and urinary flow improvement is seen within one week upon the beginning of the treatment. They could significantly lower the blood pressure as a side effect.

BPS is a disease with a negative impact on patient's quality not the quantity of life. Surgical treatment is still considered a gold standard, however, conservative treatment is an efficient and safe alternative with a positive impact on the quality of life.

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Department of Urology, Faculty of Medicine, Comenius University, Derer's Memorial Hospital, Bratislava

Address for correspondence: P. Bujdak, MD, PhD, Dept of Urology, Faculty of Medicine, Comenius University, Derer's Memorial Hospital, Limbova 5, SK-833 05 Bratislava 37, Slovakia.

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