



REVIEW ARTICLE

Benign prostatic hyperplasia and lower urinary tract symptoms. A review of current evidence[☆]



V.M. Carrero-López^{a,*}, J.M. Cózar-Olmo^b, B. Miñana-López^c

^a Servicio de Urología, Hospital Universitario Infanta Leonor, Madrid, Spain

^b Servicio de Urología, Complejo Hospitalario Universitario de Granada, Granada, Spain

^c Servicio de Urología, Hospital General Universitario Morales Meseguer, Murcia, Spain

Received 23 November 2015; accepted 15 December 2015

Available online 13 April 2016

KEYWORDS

Benign prostatic hyperplasia;
Lower urinary tract symptoms

Abstract

Context: The treatment of benign prostatic hyperplasia (BPH) is changing due to a greater understanding of the disease and the development of the functional concept of lower urinary tract symptoms (LUTS).

Objectives: To describe the current state of BPH and the diagnosis and treatment of LUTS.

Acquisition of evidence: We summarize the issues presented and debated by a group of expert urologists during the First UROVI Congress, sponsored by the Spanish Urological Association.

Summary of the evidence: LUTS encompasses filling, voiding and postvoiding symptoms that affect patients' quality of life. The aetiological diagnosis is an important element in starting the most ideal treatment. For this reason, new alternative therapies (both pharmacological and surgical) are needed to help individually address the symptoms in the various patient profiles. There is now a new combination of drugs (6 mg of solifenacin and 0.4 mg of the tamsulosin oral controlled absorption system) for treating moderate to severe filling symptoms and emptying symptoms associated with BPH in patients who do not respond to monotherapy. Furthermore, new surgical techniques that are increasingly less invasive help provide surgical options for older patients and those with high comorbidity.

Conclusions: The availability of drugs that can act on the various LUTS helps integrate the pathophysiological paradigm into the functional one, providing more appropriate treatment for our patients.

© 2016 Published by Elsevier España, S.L.U. on behalf of AEU.

[☆] Please cite this article as: Carrero-López VM, Cózar-Olmo JM, Miñana-López B. Hiperplasia prostática benigna y síntomas del tracto urinario inferior. Revisión de las evidencias actuales. Actas Urol Esp. 2016;40:288–294.

* Corresponding author.

E-mail address: vmcarrerol@salud.madrid.org (V.M. Carrero-López).

PALABRAS CLAVE

Hiperplasia benigna de próstata;
Síntomas del tracto urinario inferior

Hiperplasia prostática benigna y síntomas del tracto urinario inferior. Revisión de las evidencias actuales

Resumen

Contexto: El tratamiento de la hiperplasia benigna de próstata (HBP) está cambiando debido a un mayor conocimiento de la enfermedad y al desarrollo del concepto funcional de los síntomas del tracto urinario inferior (STUI).

Objetivos: Exponer la situación actual en el ámbito de la HBP incluyendo el diagnóstico y tratamiento de los STUI.

Adquisición de la evidencia: Se resumen los temas presentados y debatidos por un grupo de urólogos expertos durante el I Congreso UROVI, auspiciado por la Asociación Española de Urología.

Resumen de la evidencia: Los STUI engloban síntomas de llenado, de vaciado y posmiccionales que afectan a la calidad de vida de los pacientes. El diagnóstico etiológico es importante para poder iniciar el tratamiento más idóneo. Por este motivo, se hacen necesarias alternativas terapéuticas nuevas, tanto farmacológicas como quirúrgicas, que permitan abordar de manera individualizada la sintomatología en los diferentes perfiles de pacientes. Se dispone de una nueva combinación de fármacos, solifenacina 6 mg y TOCAS 0,4 mg, para el tratamiento de los síntomas de llenado de moderados a graves y de los síntomas de vaciado asociados a HBP en pacientes que no responden al tratamiento en monoterapia. Asimismo, las nuevas técnicas quirúrgicas, cada vez menos invasivas, permiten intervenir a pacientes de mayor edad y con elevada comorbilidad.

Conclusiones: La disponibilidad de agentes farmacológicos capaces de actuar sobre los diferentes STUI permite integrar el paradigma anatomofisiopatológico con el funcional para proporcionar el tratamiento más adecuado a nuestros pacientes.

© 2016 Publicado por Elsevier España, S.L.U. en nombre de AEU.

Context

The treatment of benign prostatic hyperplasia (BPH) has undergone major changes over the past 20 years. There has been a greater knowledge of its natural history and the pathogenic mechanisms involved, which has led to complement the anatomical concept of BPH with the functional concept of lower urinary tract symptoms (LUTS). Moreover, the efficacy and safety of new treatments has been demonstrated, both alone and in combination, and there have been important advances in the surgical treatment.

Objective

To present the current situation of diagnosis and medical and surgical treatment of LUTS associated with BPH from the evidence presented and discussed during the first UROVI congress, held in Seville in March 2015, under the auspices of the Spanish Association of Urology (AEU).

Evidence acquisition

This article summarizes the content and conclusions of the workshops and plenary sessions involving renowned expert urologists nationally.

Evidence summary

From benign prostatic hyperplasia to lower urinary tract symptoms

The classical concept of BPH or prostatism used to refer to obstructive and irritative symptoms caused by prostate growth. However, following the works by Abrams,^{1,2} attention was focused on the symptoms that the patient consults and that are related to the phases of micturition. Currently, obstructive symptoms are called voiding symptoms (initial difficulty, dribbling, intermittency, and effort), and irritative symptoms are filling symptoms (urgency, frequency with weak stream, nocturia, urge incontinence, and stress incontinence). In addition, post-void symptoms have been introduced and those related to the micturition volume (terminal dribbling and incomplete voiding). As a whole, these are LUTS, terminology assumed by the Spanish and Latin American urologists in 2005.³

The adoption of the concept of LUTS has had a number of consequences. The first is that LUTS encompass numerous heterogeneous urologic diseases that require a much more accurate diagnosis to achieve proper treatment. The second is that there has been a transfer of patients from traditional units of prostate pathology to functional urology units. The third consequence is that clinical guidelines, before based only on the anatomical concept of BPH,⁴ now emphasize the importance of LUTS.⁵ The last is that new drugs or drug

Download English Version:

<https://daneshyari.com/en/article/3845135>

Download Persian Version:

<https://daneshyari.com/article/3845135>

[Daneshyari.com](https://daneshyari.com)