An Evaluation of Pharmacological Management of Benign Prostatic Hyperplasia at A Tertiary Care Hospital

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Abstract

Prevalent condition among aging males is benign prostatic hyperplasia (BPH), which causes lower urinary tract symptoms (LUTS). Management depends on clinical presentation of patients & Internation Prostate Symptoms Score (IPSS).

Aim & Objectives: To evaluate drug treatment and its outcome in Benign Prostatic Hyperplasia at a tertiary care hospital. To evaluate effectiveness of drugs, to evaluate the effect of drugs on Quality of Life due to urinary symptoms in BPH.

Methods: It was a prospective, observational study conducted on 150 OPD patients in the department of urology at tertiary care teaching hospital, with prior approval from the Institutional Ethics Committee. New diagnosed BPH patients (IPSS>7) enrolled and followed up at 1, 3 & 6 month. Demographic details, IPSS score, current medications were recorded in Microsoft excel 2021. Effectiveness of drugs used will be analyzed by mean reduction in IPSS score and QoL score by using Paired t test.

Results: Mean age in study group was 58.84 ± 5.53 . These patients were prescribed α -1a blockers as monotherapy (36%) or combination with 5 alpha reductase inhibitors (5ARI) therapy (64%). They showed improvement while on medical management with significant improvement. Mean reduction in IPSS score was 7.35 ± 1.70 from 13.14 ± 1.27 (p<0.005) and Mean reduction in QoL score was 1.44 ± 0.51 from 3.2 ± 0.40 (p<0.005).

Conclusion: Medical management of Benign Prostatic Hyperplasia, employing either α 1A-blocker monotherapy or combination therapy, leads to significant improvements in both symptom severity and quality of life. Reduction in the International Prostate Symptom Score (IPSS) and Quality of Life (QoL) scores, indicating effective symptom control and enhanced daily functioning.

Keywords

BPH, IPSS, QoL, LUTS, Alpha blockers, 5ARIs.