News in LUTS pharmacotherapy

Poster Session 40

Sunday, 26 March
14:00 - 15:30

Location: Room Milan, North Hall (Level 1)

Chairs: J.C. Nickel, Kingston (CA)
P. Nyirády, Budapest (HU)
N. Thiruchelvam, Cambridge (GB)

Aims and objectives of this session
The objectives of this session is to understand how new pharmacologic research will impact on our understanding of LUTS and learn to use this knowledge to improve our management of storage and voiding LUTS associated with benign prostatic hyperplasia, overactive bladder and other causes of LUTS.

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

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Impact of 5-alpha reductase inhibitors for treatment of benign prostatic hyperplasia on erectile dysfunction, treated depression, gynecomastia, and breast cancer: A real world 20 year observational study
By: Hagberg K.W.[2], Divan H.A.[3], Persson R.[2], Fang S.C.[3], Jick S.S.[2], Nickel J.C.[1]
Institutes: [1]Queen's University, Dept. of Urology, Kingston, Canada, [2]Boston University School of Public Health, Boston Collaborative Drug Surveillance Program, Lexington, United States of America, [3]New England Research Institutes, NERI, Watertown, United States of America

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Phosphodiesterase inhibitors for BPH-LUTS: Is the benefit worth it?
By: Pattanaik S.[1], Mavuduru R.[2], Panda A.[3], Mathew J.[4], Aggarwal M.[5], Singh S.[2], Mandal A.[2]
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Antimuscarinic use in the elderly: A poisoned apple?
By: Meyer C.[1], Pucheril D.[2], Karabon P.[2], Gild P.[1], Von Landenberg N.[1], Atiemo H.[2], Menon M.[2], Chughtai B.[3], Fisch M.[4], Chun F.[4], Trinh Q-D.[1]
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A 52-week randomized comparative study of a triple therapy (tamsulosin, dutasteride, and imidafenacin) versus a dual therapy (tamsulosin and dutasteride) in benign prostatic hyperplasia patients with overactive bladder (DIrecT Study)
By: Yamanishi T.[1], Asakura H.[2], Seki N.[3], Tokunaga S.[4]
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Comparison between tadalafil 5 mg vs. Serenoa repens/selenium/lycopene for the treatment of benign prostatic lower urinary tract symptoms secondary to benign prostatic hyperplasia. A phase IV, randomized, multicenter, non-inferiority clinical study. SPRITE study

By: Morgia G.[1], Vespasiani G.[2], Reale G.[1], Di Mauro M.[1], Pareo R.[3], Voce S.[4], Madonia M.[5], Fedelini P.[6], Veneziano P.[7], Carini M.[8], Salvia G.[9], Santaniello F.[10], Ginepri A.[11], Bitelli M.[12], Terrone C.[13], Gentile M.[14], Giannantoni A.[15], Blefari F.[16], Beatrici V.[17], Polledro P.[18], La Rosa P.[19], Arnone S.[20], Santelli G.[21], Russo G.I.[1]

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A randomized, open-label, multicenter study evaluating efficacy of switch from dutasteride to tadalafil in benign prostatic hyperplasia patient with lower urinary tract symptoms (D-to-T trial)

By: Matsumoto T.[1], Hatakeyama S.[1], Yoshikawa K.[2], Fukui K.[3], Yanagisawa T.[4], Kawaguchi T.[5], Imai A.[1], Yoneyama T.[1], Hashimoto Y.[1], Koie T.[1], Saito H.[6], Yamaya K.[6], Funyu T.[6], Ohyama C.[1]

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Impact of Vesomni™ on quality of life of men with lower urinary tract symptoms associated with benign prostatic hyperplasia in routine clinical practice: Interim results from the EUROPA study

By: Rees J.[1], Arbe E.[7], Rosa Arias J.[2], Skoumal R.[3], Walters C.[4], Yavuz Y.[5], De Wachter S.[6]

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Post-operative continuous use of antimuscarinics in BPH patients with storage symptoms requiring antimuscarinics before surgery – a nationwide population-based study

By: Huang E.Y.-H., Chung H.-J., Lin C.-C., Peng R.-S., Chang Y.-H., Lin A.T.-L., Chen K.-K.

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A multicenter real-life study of the efficacy of an alpha-blocker with or without anticholinergic agent (imidafenacin) treatment in patients with lower urinary tract symptoms/benign prostatic hyperplasia and storage symptoms

By: Cho S.[1], Hoon C.[1], Park J.Y.[1], Bae J.H.[1], Lee K.W.[2], Yoo T.K.[3], Sin D.G.[4], Kim S.W.[5], Kim Y.H.[2]

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Testosterone therapy (TTh) improves urinary function and reduces major adverse cardiovascular events (MACE) in hypogonadal men with type 2 diabetes (T2DM) treated up to 8 years in comparison to an untreated control group

By: Haider A.[1], Haider K.[1], Doros G.[2], Traish A.[3]

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The effect of non-steroidal anti-inflammatory drugs on risk of benign prostatic hyperplasia

By: Murtola T.[1], Nygård L.[2], Talala K.[3], Taari K.[4], Tammela T.[1], Auvinen A.[5]
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The effect of statins on the risk of receiving transurethral resection of prostate in the outpatients of genitourinary clinic - a study by applying nation-wide population based database

By: Lin C-C.[1], Chung H.J.[1], Lin A.T.L.[1], Huang Y.H.[1], Chen T.Z.[2]
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The comparison in the efficacy of the two combination therapies with an anticholinergic agent and an 1-blocker versus a 3-adrenoceptor agonist and an 1-blocker for patients with benign prostatic enlargement complicated by overactive bladder: A randomized, prospective trial using a urodynamic study

By: Matsukawa Y., Matsuo K., Majima T., Narita H., Kato M., Yamamoto T., Gotoh M.
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