

ENLARGED-PROSTATE TREATMENTS

Keeping the Options Open by Susan Skrudland



Benign prostatic hyperplasia (BPH) is one of the most common diseases to affect men over the age of 50. While BPH is not cancer and is rarely life-threatening, it has significant quality-of-life implications for men suffering from BPH symptoms. Extensive research in recent years has resulted in the development of new medical and minimally invasive treatment options for BPH.

Benign prostatic hyperplasia is noncancerous, enlarged prostate. Studies show that approximately 50 percent of men have enlarged prostates by age 50; by the age of 85, incidence increases to 90 percent. As a man matures, the prostate goes through two periods of growth. The first occurs in early puberty. At around age 45, the prostate begins to grow again and continues to grow for the rest of life. This second growth phase often results in BPH symptoms as the prostate encroaches on the urethra, resulting in gradual interference with urine flow and changes to the bladder function.

Common symptoms of BPH include increased urinary frequency and urgency, leakage of urine, weak urinary stream, frequent waking at night to urinate, and difficulty or pain in starting urination. Many men experience loss of sleep and a severe loss in quality of life due to frequent trips to the bathroom during day and night.

When BPH is suspected, patients should undergo testing to help identify the problem and the severity of symptoms and to identify the appropriate treatment. Patient evaluation commonly includes:

- Completion of the American Urological Association (AUA) Symptom Score Index to assess frequency and severity of urinary symptoms
- Digital rectal exam (DRE)

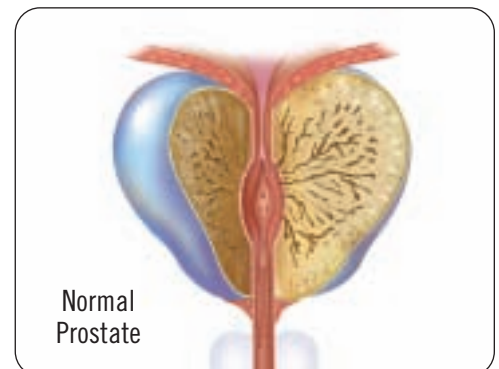
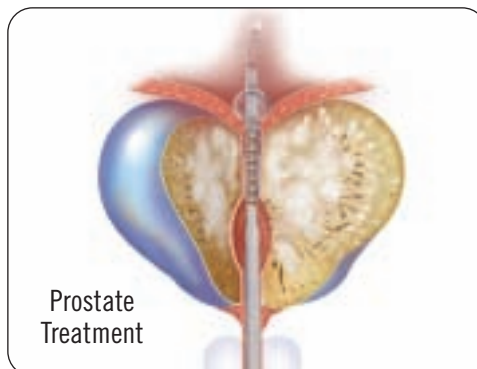
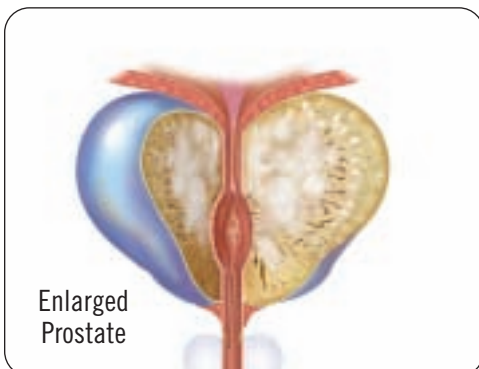
- Urinalysis to help distinguish BPH from a urinary tract infection or bladder cancer
- Post-void residual to measure the volume remaining in the bladder after voiding
- Prostate-specific antigen (PSA) to rule out cancer as a cause of urinary symptoms

When BPH symptoms start to interfere with a patient's daily life, it's time to consider treatment options. There are two primary types of medical treatments for BPH: alpha-blockers and 5alpha-reductase inhibitors. The alpha-blockers (marketed as Flomax, Uroxatrol, Hytrin, and Cardura) act by relaxing the smooth muscle of the prostate and bladder neck. The result is improved urine flow and relief of obstruction. Some of these drugs (Hytrin and Cardura) are also effective in the reduction of blood pressure in hypertensive patients.

"Frequent side effects of some of the alpha-blockers include tiredness, dizziness, nasal congestion, headache, and sexual dysfunction," said Dr. C. Ritchie Spence, a board-certified urologist with Urology San Antonio (USA).

The 5alpha-reductase inhibitors (marketed as Proscar and Avodart) are a hormonal treatment that can potentially reduce the prostate size in some men to lessen BPH symptoms.

"The side effects of this medical therapy are reduced libido and erectile dysfunction; however, these are quite uncommon



and reversible with discontinuation of the medications,” Spence said.

In addition to clinical side effects, there are other concerns with medical therapy that must be considered: Medicine is costly, especially for men on a fixed income or without adequate drug coverage; it must be taken daily for the rest of life or symptoms will return; symptom relief can plateau; side effects are not acceptable to many men; and compliance is a concern.

“Medicare paid for more than 400,000 TURP procedures (surgical treatment for BPH) in 1984; with the advent of drug therapy, that number is probably below 175,000 at this time,” Spence said.

“Long-term drug therapy involves considerable expense, as well as the challenge of the side effects. Minimally invasive techniques such as laser ablation, radio frequency, TUNA (transurethral needle ablation) and microwave therapy have evolved as an answer to this concern.”

Because medical therapy is not attractive to many men and surgery is often seen as a “last resort,” minimally invasive therapies for BPH have gained wide use over the last decade. Minimally invasive therapies provide physicians and patients with an effective, safe, and nonsurgical treatment option in place of medical therapy.

Thermotherapy applies heat (more than 45 degrees Celsius) to the prostate resulting in controlled tissue destruction and BPH symptom relief. Transurethral Microwave Thermotherapy (TUMT) uses microwave energy to heat the tissue. The heat is applied to specific prostate tissue using a flexible catheter that contains a small microwave antenna. The recently released American Urological Association Guidelines for the Management of BPH state that TUMT is more effective for BPH symptom relief than medications or any other recommended treatment, except surgery. Medicare and most private insurers cover TUMT.

“Urology San Antonio’s team of thermotherapy urologists have the largest expe-

rience with thermotherapy in Central and South Texas, with more than 500 patients having been treated successfully,” Spence said. “We have used the two most preferred devices available.” All treatments are done at USA’s Fredericksburg Road office in the San Antonio Medical Center.

“Eighty percent of men will demonstrate an excellent early response. At two years, 65 to 70 percent of men will continue to be satisfied with the results,” Spence said. “Durability of effects may last up to five years with the currently available devices.”

TUMT may be a good treatment option for BPH medication patients who have reached efficacy plateaus, want improved symptom relief, or just don’t want to take medications.

“The options for failure of TUMT may be repeat TUMT, laser ablation, a return to medication, or TURP surgery,” he said.

BPH surgeries remove large amounts of enlarged-prostate tissue, resulting in

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improved urinary symptoms. “In general, surgical treatment (TURP) is the gold standard and produces the best results; however, it must be performed under anesthesia in a hospital or outpatient surgery center,” he said.

Surgery is often the best option for patients who have severe obstruction, are in urinary retention, or have other complications of BPH that can only be resolved through tissue removal.

Spence noted that historically (as recently as 15 to 20 years ago), TURP or open surgical removal of the prostate tissue was the only option available to the prostate-obstructed male. “In recent years, with the advent of medical therapy and minimally invasive therapy, our patients have a greater range of options to select from for optimal prostate care.” 