health technology assessment

EXECUTIVE SUMMARY

MEDICAL MANAGEMENT OF SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA .

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EXECUTIVE SUMMARY

Benign Prostatic Hyperplasia (BPH) is a non-malignant enlargement of the prostate effecting about 50% of men aged 60 years and above. This enlargement is a normal consequence of aging and is rarely life threatening but may produce distressing symptoms.

The prevalence of BPH said to be is high, but treatment is only sought when a critical level of bother has been reached. In Malaysia, results from a campaign on health awareness of BPH in HKL found a prevalence of 35/100 in self-referred participants aged of 50 years and above.

The terminology associated with BPH has changed from "Prostatism" to "lower urinary tract symptoms', whereas traditional symptoms are categorized as irritative or obstructive symptoms.

There are various methods to diagnose BPH, the quantification of symptom severity being recognized as the best diagnostic tool and best predictor of the condition. The most widely used scoring system is the American Urological Association symptom index fir BPH later modified as Intemational Prostate Symptom Score (IPSS). Another method is using uroflometry to measure the peak urinary flow and residual volume by ultrasound or by catherization.

The treatment options for symptomatic patients with BPH fall into four distinct catagories - assurance and advice/watchful waiting, pharmacological intervention using alpha receptor blockers, 5 alpha reductase inhibitors and phytotherapy, surgical treatment using endoscopic methods like TURF, TUIP or laser prostatectomy and open prostatectomy, and other treatment methods such as microwave/radiowave, stents and balloon dilation.

The objectives of this assessment are to determine the effectiveness, safety and cost implications of the various modalities of medical management of symptomatic BPH.

There is sufficient evidence that alpha blockers and 5 alpha reductase inhibitors are effective to treat moderate symptoms of BPH. Alpha blockers are safe for normotensive and controlled hypertensive elderly patients, with Tamsulosin having least side effects compared to other alpha adrenoceptor blocker. 5alpha reductase inhibitors have minimal sexual related side effect, but is otherwise safe and well tolerated. With respect to cost implications there is sufficient evidence to support medical management of BPH in older patients, since it is only cost effective for a short time horizon. Alpha blockers are more cost effective than alpha reductase inhibitors. There is insufficient evidence to support the effectiveness and safety of phytotherapy.

Medical management is thus recommended for elderly patients with mild to moderate BPH