



# Introduction

Benign prostatic disease (BPH) is the most prevalent disease among men beyond middle age. Although the disease is seldom life threatening, it frequently impacts negatively on the quality of life (QOL) of those affected and their families. Our knowledge on the role of the sympathetic nervous system in lower urinary tract function is evolving. It has long been accepted that  $\alpha_1$ -adrenoceptor blockade can improve lower urinary tract symptoms and enhance urinary flow, but the mechanism is only now becoming clear. Smooth muscle relaxation within the prostate is undoubtedly one component, but other neural mechanisms are certainly also important. In sexual function too, the pivotal role of the sympathetic nervous system is only now becoming evident. Indeed, evidence is beginning to accumulate that  $\alpha_1$ -adrenoceptor blockers themselves can be mildly erectogenic.

Medical therapy for BPH is an established treatment option for men with BPH who have not developed serious complications of the disease, such as acute urinary retention. Several randomised studies have confirmed that  $\alpha_1$ -blockers, such as alfuzosin, are more effective than 5 $\alpha$ -reductase inhibitors in terms of symptom relief and improvement in uroflow. 5 $\alpha$ -reductase inhibitors appear to be more effective in men with larger prostates.

By contrast,  $\alpha_1$ -blockers are effective in BPH independent of prostatic volume.

QOL issues are now pre-eminent in diseases such as BPH, which can afflict an ever-increasing segment of society. QOL can be measured in different ways and data are available assessing the impact different therapies have on BPH. BPH often co-exists with sexual dysfunction and therapies for the disease themselves can affect sexuality and sexual function. It is important to consider these factors when making treatment decisions.

Looking to the future, demographic changes dictate that urologists will still be in demand. The segment of society beyond middle age is its fastest growing component in Europe and elsewhere. The rapid access to information will dictate that patient preferences will increasingly have to be taken into consideration. Undoubtedly, new futuristic treatment options will emerge.

These important issues provided the focus of a satellite symposium entitled 'Alpha<sub>1</sub> Blockers in BPH Treatment: Towards the Next Millennium and Beyond' held during the XIVth European Urological Association Congress in Stockholm on 9 April, 1999.

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