

## BPH

## Alfuzosin improves sexual function

Two new studies have confirmed that a subset of  $\alpha_1$ -blockers, including alfuzosin, combat sexual dysfunction while relieving the lower urinary tract symptoms (LUTS) associated with benign prostatic hyperplasia (BPH).

Most physicians currently recommend watchful waiting and medical therapy for the initial management of mild-to-moderate LUTS/BPH. In this setting, LUTS—which are often accompanied by sexual problems—are commonly treated with  $\alpha_1$ -antagonists, 5 $\alpha$ -reductase inhibitors, or a combination of the two. Evidence is accumulating that there are between-class and within-class differences in the effect of these drugs on sexual function.

“...there are between-class and within-class differences in the effect of [BPH] drugs on sexual function”

Data on patients in the US with conservatively managed disease were retrieved from the BPH Registry (a prospective, multicenter database including information on over 6,000 men). Analysis of 3,084 database entries confirmed that the severity of erectile and ejaculatory dysfunction increased in concert with LUTS bother and severity in sexually active men (mean age approximately 65 years).

The type of drug used to treat LUTS (data available for 1,362 men) was also significantly associated with the erectile and ejaculatory components of sexual function ( $P < 0.0001$ ). Stratification on the basis of scores for the 5-item International Index of Erectile Function (IIEF-5) and the Male Sexual Health Questionnaire–Ejaculatory Dysfunction (MSHQ–EjD) short form generated a hierarchy of BPH medical therapies; the non-supersensitive  $\alpha_1$ -blockers (including alfuzosin, doxazosin and terazosin) outperformed their

supersensitive classmate tamsulosin, and were also superior to 5 $\alpha$ -reductase inhibitors, either alone or in combination with an  $\alpha_1$ -antagonist.

The results of the SAMBA (sexuality and management of BPH with alfuzosin) trial, published in the *International Journal of Impotence Research*, support this finding. Sponsored by the manufacturer of alfuzosin, Sanofi–Aventis, the Korean SAMBA study also used the IIEF (15-item) and MSHQ to assess the effect of alfuzosin on the sexual performance of 148 men with BPH. Each patient (mean age 58 years) was prescribed a 10 mg once-daily dose of the non-supersensitive  $\alpha_1$ -blocker. At the completion of this 24-week, open, non-comparator trial, data from 123 participants were available for analysis.

As expected, the severity of LUTS was markedly ameliorated by alfuzosin ( $P < 0.05$ ). General improvement of sexual function was noted, with statistically significant increases in scores for erectile and ejaculatory domains. Almost a quarter of participants reported treatment-related adverse events, although these were not serious, comprising dizziness and headache.

There is a common misconception that interest in sex wanes dramatically as men age. In fact, 83% of the almost 13,000 respondents (aged 50–80 years) to a multinational survey classed themselves as sexually active. As such, physicians should now add effect on quality of sexual life to their list of considerations when establishing a drug-based management strategy for men with LUTS/BPH.

Suzanne J. Farley

**Original articles** Rosen, R. C. *et al.* Association of sexual dysfunction with lower urinary tract symptoms of BPH and BPH medical therapies: results from the BPH Registry. *Urology* doi:10.1016/j.urology.2008.05.034 (2009).  
Chung, B.-H. *et al.* Sexuality and the management of BPH with alfuzosin (SAMBA) trial. *Int. J. Impot. Res.* 21, 68–73 (2009).