Terazosin reduced BPH symptoms and finasteride did not


Objective
To determine whether terazosin, finasteride, or both are safe and effective for men with benign prostatic hyperplasia (BPH).

Design
1-year, randomized, double-blind, placebo-controlled trial.

Setting
U.S. Veterans Affairs medical centers.

Patients
1229 men who were 40 to 80 years old (mean age 65 y) and had symptomatic BPH. Inclusion criteria were scores of ≥ 8 on the American Urological Association (AUA) Symptom Index, a mean peak urinary-flow rate of ≤ 15 mL/s, and a minimal residual volume after voiding of ≤ 125 mL. Exclusion criteria were use of many medications, including the study drugs, α-blockers, β-blockers, and antiandrogen drugs, or numerous medical conditions.

Intervention
After a 4-week run-in period, men were allocated to placebo (n = 305), finasteride, 5 mg/d at bedtime (n = 310); terazosin, 5 mg/d at bedtime or both (n = 309). The terazosin dose was titrated from 1 mg at day 1 to 15 mg by day 15. Follow-up was 87%.

Main outcome measures
AUA symptom scores and peak urinary-flow rates.

Main results
Analysis was by intention to treat. Compliance ranged from 94% to 98% at 1 year, and symptom scores were lower (improved) in the terazosin and the combination groups compared with the placebo and placebo groups (P = 0.001 for all comparisons except terazosin vs combination; P = 0.15, and finasteride vs placebo, P = 0.07). The increases in AUA symptom scores were similar by week 4, and the rates stayed stable thereafter. Dizziness and postural hypotension were increased in the terazosin and combination groups (P = 0.05), impotence was increased in the combination group (P < 0.001), and decreased libido occurred in the finasteride and combination groups (P = 0.05).

Conclusions
Terazosin was more effective than placebo for reducing symptoms and increasing peak urinary flow rates in men with benign prostatic hyperplasia in this study. The combination of terazosin and finasteride was as more effective than terazosin alone.

Estonia Study Group. The efficacy of terazosin, finasteride, or both in 1229 men who were 40 to 80 years old with symptomatic BPH. Lancet. 1996 Aug 24;348:241-7.

Combination therapy was better than zidovudine alone for HIV infection


References

Combination therapy with zidovudine and either didanosine or zalcitabine reduced the death rate and progression to AIDS in patients with HIV infection better than zidovudine alone. The benefit was greatest in patients without previous zidovudine use. Sources of funding: Australian National Council on AIDS; Aids Nederland; Recherche sur le Sida (France); National AIDS Project Fund (Italy); Stichting AIDS Fonds (the Netherlands); Swiss Federal Office of Public Health; Medical Research Council (UK); Bristol-Myers Squibb; Roche; Glaxo-Welcome.

Conclusion
Combination therapy should be used for HIV-infected men who are naive to the different classes of antiretroviral agents. Combination therapy includes one drug from each of the three classes of agents: reverse transcriptase inhibitors (zidovudine, ddI, ddC, 3TC, d4T), nonnucleoside reverse transcriptase inhibitors (nevirapine, delavirdine, and loviride), and protease inhibitors (saquinavir, ritonavir, and indinavir). Clinical studies of combination regimens with protease inhibitors have shown survival benefits and marked reductions in viral load. The role of these combinations in initial therapy, however, has not been established; resistance may also develop, and important drug interactions complicate their use.

The results of the Delta and Delta Study 2 studies of Delta AIDS Clinical Trials Group (ACTG171) (1) and the Communi-Combination therapy with zidovudine and either didanosine or zalcitabine reduced the death rate and progression to AIDS in patients with HIV infection better than zidovudine alone. The benefit was greatest in patients without previous zidovudine use. Sources of funding: Australian National Council on AIDS; Aids Nederland; Recherche sur le Sida (France); National AIDS Project Fund (Italy); Stichting AIDS Fonds (the Netherlands); Swiss Federal Office of Public Health; Medical Research Council (UK); Bristol-Myers Squibb; Roche; Glaxo-Welcome.

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