Terasozin reduced BPH symptoms and finasteride did not


To determine whether terazosin, placebo-controlled trial.

The efficacy of many medications, including the Urological Association (AUA) Symptomatic 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.

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) Symptomatic Index, 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.

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 group (P < 0.001 for all comparisons except terazosin vs combination, P = 0.15, and finasteride vs placebo, P = 0.07). The increases in peak urinary-flow rates were similar, and the rates stayed stable thereafter. Dizziness and postural hypotension were increased in the terazosin and combination groups (P < 0.001), impotence was increased in the combination and finasteride groups (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. The combination of terazosin and finasteride was as effective as terazosin alone.

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

Combination therapy was better than zidovudine alone for HIV infection


Objective
To determine whether zidovudine combined with didanosine (ddI) or zalcitabine (ddC) is more effective than zidovudine alone for reducing mortality and disease progression in patients with HIV infection.

Design
Randomized, double-blind, controlled trial with interim analyses.

Setting
175 centers in Europe and Australasia.

Patients
2070 adults (mean age 36.5 y, 85% men) with confirmed HIV infection were included if they had never taken zidovudine (n = 706; previous use, n = 353; zidovudine and ddI, 400 mg/d (n = 1080); no previous zidovudine use, n = 718; previous use, n = 362); and zidovudine and ddC, 2.25 mg/d (n = 1072; no previous zidovudine use, n = 776; previous use, n = 366). Therapy was changed using a defined protocol if disease progressed or serious adverse events occurred.

Main outcome measures
Death and, in patients who did not have AIDS at entry, progression to AIDS or death.

Main results
The study was stopped early. After a median follow-up of 30 months, 74% of the patients had stopped blinded trial treatment, 699 patients (22%) had died, and 936 of 2765 (34%) were free of AIDS at enrollment had either developed AIDS or died. Intention-to-treat analyses were done. Overall, both drug combinations improved survival when compared with zidovudine-alone treatment.

Combination therapies had a high drug discontinuation rate for nonprotease inhibitors.

Eleven antiretroviral agents are now available in the United States and Europe: zidovudine, didanosine (ddI, ddC, 1TC), didanosine plus zalcitabine, didanosine plus zidovudine, didanosine plus saquinavir, didanosine plus indinavir, didanosine plus ritonavir, didanosine plus nevirapine, and protease inhibitors (saquinavir, ritonavir, and indinavir). Clinical studies of combination regimens with protease inhibitors in advanced HIV disease have shown survival benefits and marked reductions in plasma viral load. The role of these combinations in initial therapy, however, has not been established; resistance may also develop, and important drug interactions may complicate their use.

Timing of initiation of therapy, optimal drug combinations, duration of benefit, and when and how to switch drugs need further study.

References
Combination therapy was better than zidovudine alone for HIV infection

Evid Based Med 1997 2: 17
doi: 10.1136/ebm.1997.2.17

Updated information and services can be found at:
http://ebm.bmj.com/content/2/1/17.citation

These include:

References
This article cites 1 articles, 0 of which you can access for free at:
http://ebm.bmj.com/content/2/1/17.citation#BIBL

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/