
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/8 at bedtime (n = 310); terazosin, 15 mg/d (n = 395); or both (n = 309). The terazosin dose was titrated from 1 mg at day 1 to 15 mg by day 15. Follow-up was 82%.

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 the finasteride group (P < 0.001 for all comparisons except terazosin vs combination, P = 0.15, and finasteride vs placebo, P = 0.07). The improvements occurred by week 4, and the rates were stable thereafter. Dizziness and gastrointestinal hypoaesthesia were increased in the terazosin and combination groups (P = 0.001), importance was increased in the finasteride and combination groups (P = 0.05), ejaculatory abnormality increased in the combination group (P = 0.001), and decreased libido was increased 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 more effective than terazosin alone. Sources of funding: Department of Veterans Affairs Medical Research Service, Merck & Co., Abbott Laboratories.

For article reprint: Dr. H. Lepor, Department of Urology, Columbia University Medical Center, 550 First Avenue, New York, NY 10016, USA. E-mail: D212-263-6303.


Terasozin reduced BPH symptoms and finasteride did not

Combination therapy was better than zidovudine alone for HIV infection


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/8 at bedtime (n = 310); terazosin, 15 mg/d (n = 395); or both (n = 309). The terazosin dose was titrated from 1 mg at day 1 to 15 mg by day 15. Follow-up was 82%.

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 the finasteride group (P < 0.001 for all comparisons except terazosin vs combination, P = 0.15, and finasteride vs placebo, P = 0.07). The improvements occurred by week 4, and the rates were stable thereafter. Dizziness and gastrointestinal hypoaesthesia were increased in the terazosin and combination groups (P = 0.001), importance was increased in the finasteride and combination groups (P = 0.05), ejaculatory abnormality increased in the combination group (P = 0.001), and decreased libido was increased 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 more effective than terazosin alone. Sources of funding: Department of Veterans Affairs Medical Research Service, Merck & Co., Abbott Laboratories.

For article reprint: Dr. H. Lepor, Department of Urology, Columbia University Medical Center, 550 First Avenue, New York, NY 10016, USA. E-mail: D212-263-6303.


Terasozin reduced BPH symptoms and finasteride did not