

BPH: THE HESITANCY TO TREAT OR CUREFathima Nihala N. P.^{*1}, Dr. Shinu C.² and Aishwarya Rajan³¹Department of Pharmacy Practice, Al Shifa College of Pharmacy, Kerala, India.²Associate Professor, Dept. of Pharmacy Practice, ^{1,3}Research Scholar, Al Shifa College of Pharmacy, Kizhattur, Malappuram, Kerala, India.***Corresponding Author: Fathima Nihala N. P.**

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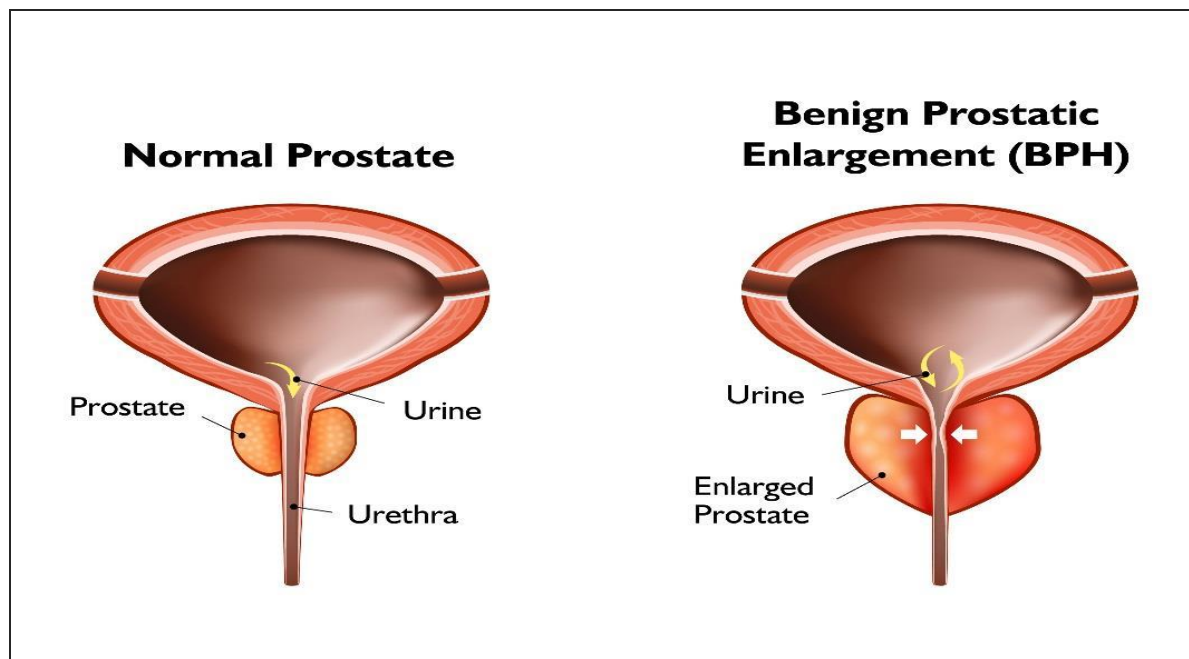
ABSTRACT

BPH or nodular hyperplasia is simply defined as enlarged prostate which results in micturition difficulties. It affects the quality of life of men. Though most of the men are bothered about their tiresome symptoms which also found to affect their sexual life, they are not willing to disclose their symptoms or disease in order to treat it from further progression. Even though some cases resolves over time, it may get relapses when the symptoms worsen or if left untreated.

KEYWORDS: BPH, nodular hyperplasia, micturition.**INTRODUCTION**

Benign prostatic hyperplasia/hypertrophy (BPH) or Benign prostatic enlargement (BPE) is an age associated disorder which affects generally men over the age of 40. As older the men get, more prevalent the disease. BPH involves the expansion of the center of the prostate making the flow of urine difficult.

Coming to the anatomy of the BPH, as the men get older the prostate grows and blocks the channel, that allows the urine to pass from the bladder outside to the urethra. Overtime the bladder will continue to decompensate and the urine can then be backed up into the kidneys and ultimately leads to kidney failure.

**Figure 1: anatomy of BPH.**

It has certainly nothing to do with prostate cancer as the name itself indicates Benign, which means non-

cancerous, but both shares same symptoms. The cause of this condition is unknown, it is basically a hormonal

effect of Dihydrotestosterone (DHT). The common urinary symptoms associated with the disease can be divided into two categories: voiding (obstructive symptoms) and irritative (storage symptoms). voiding symptoms include, incomplete urination, starting/stopping of stream, weak stream etc. irritative symptoms include frequency, urgency and nocturia.^[1]

WHY THERE IS HESITANCY?

Male urethra being a private organ, most of the men are not ready to disclose what they are actually suffering. they also seem to be less cooperative during the specific treatment or diagnostic tests (e.g.: -refusing to cystoscopy to get done or not willing for a physical examination like digital rectal examination). Moreover, since this disorder affects mostly geriatrics, they seem to be less bothered and less co-operative. Prolonged use of alpha-blockers is expensive and may be associated with avoidable adverse effects, such as postural hypotension, headache, dizziness, fatigue, and ejaculation disorder which may also be the reason for their hesitancy.^[2] Though, BPH is a highly prevalent disease, only 19 % of men suffering from BPH-associated LUTS seek medical treatment and only 10.2 % receive pharmacological treatment.^[3]

WHAT HAPPENS IF LEFT UNTREATED?

The obstruction makes harder for the bladder, which is a muscle to compress and evacuate urine. Overtime this can cause an enlargement of the bladder and eventually scarring / damage to the bladder muscle. So, it is important to intervene earlier rather than the symptoms get worsen to become more complicated. For most men it is more bothersome than it is detriment to their health. BPH affects quality of life of men, which includes; avoiding travel, interruption of leisure activities, disruption of sleep, taking more time for urination, moreover it affects sexual life. If there are bothersome symptoms and not taking any medical aid it can lead to complications like; bleeding, urinary retention, urinary infections due to stagnant urine in the bladder, kidney failure as a result of upstream increased pressure due to failed bladder emptying. Some men will develop bladder stones as well. Even the bladder can develop little out pouches in the muscle wall which often require surgery to repair it especially in the setting where a man is having recurrent UTI.^[4] BPH has also been associated with other medical morbidities, such as increased risk of falls, as well as increased annual healthcare cost.

PATIENT ADHERENCE CAN BE A PROBLEM

The information regarding patient attitude towards the treatment and the factors affecting medication adherence is less. However, it was seen that in case of BPH, medication adherence is comparatively low among other chronic conditions. The studies suggest that adherence is not a drug-specific behavior, but understanding patterns of specific drugs or conditions may improve patient adherence and ultimately, to patient health. In the case of BPH-LUTS, in which symptoms often interfere with

functional status, adherence may improve symptom severity and health-related quality of life.^[5]

ADVANCED TREATMENT OPTIONS FOR BPH

Basically, choosing a treatment option for BPH is somewhat confusing, it is generally done as per the patient concerns towards the symptoms or the condition. Pharmacological therapy for BPH-associated LUTS targets on improving the patient's quality of life by relieving urinary symptoms and by preventing the development of BPH-related complications. Five classes of drugs are usually prescribed for the treatment of BPH-associated LUTS.

- Alpha blockers (AB)
- 5-alpha reductase inhibitors (5ARI),
- phosphodiesterase-5(PDE-5) inhibitors
- antimuscarinics/beta 3agonists,
- Phyto therapeutics.^[3]

Treatment options can vary from less invasive to more invasive options. Less invasive options include watchful waiting, which can be used in the management of acute onset of symptoms, because in these cases it may resolves in time using dietary or behavioral changes (fluid management like reducing caffeine and herbal remedies).

The minimally invasive surgical options include the following.

- Rezum (water vapor thermal therapy)
- Urolift (post urethral lift or PUL)
- HoLEP (Holmium Laser Enucleation of the Prostate)
- HoLAP (Holmium Laser Ablation of the Prostate)
- TURP (Transurethral Resection of Prostate)
- TUIP (Transurethral incision of prostate)
- TUMT (Transurethral microwave thermal therapy)
- TUNA (Transurethral Needle Ablation)
- PVP (photo selective vaporization of the prostate)
- Open or robotic prostatectomy

REZUM

This treatment was approved by FDA in 2015 and the procedure mainly involves a device in which the patient will be getting 10 mcgs of valium along with a local anesthetic like lidocaine for about 20 minutes. The device is being inserted through urethra. It basically creates steam vapor through radio frequency causes instant cell death and necrosis. This method is usually fast moreover it has no sexual side effects.

UROLIFT

This was approved by FDA in 2013. Here, the procedure is started by giving oral anxiolytics along with anesthetic. Then the device is used with a standard cystoscope and inserted into urethra. the device moves the obstructing prostate tissue out of the way thus opening the urethra through a fine 19-gauge needle.

HoLEP

This treatment can be commonly preferred for larger prostatitis. The procedure is usually done using a cystoscope and a laser to thermally destroy the overgrowing tissues. Thereby the problem of urinary retention is resolved. The research in the field of treatment of BPH is progressing day by day, and new treatment options will be there for BPH like elocalcitol and mirabegron. It is indeed to improve the QoL, to reduce BPH progression as well as to decrease side effects.^[6]

CONCLUSION

BPH is a highly prevalent disease among aging male population which affects their quality of life and leads to serious health issues. Hence it is important to seek medical care without any hesitancy to reduce its progression and for a better sexual life. Since there is lot of minimally invasive options for BPH management there is no need to step back from medical care, moreover it's better to be treated and lead a healthy and quality life by every man.

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