

EM9321: **Kitchener-Waterloo Record**, March 11, 1993, page F2

Prostate drug helps some avoid surgery

Recently a surgical colleague gave me this sage advice: "Be grateful and enjoy it every time you void!"

Like thousands of other males he had been stricken with acute urinary retention and suffered horrendous pain until his prostatic obstruction was relieved by surgery. Now a new drug, finasteride (Proscar), may help thousands of men circumvent prostatectomy.

It's estimated that 50 per cent of males by age 60 have some degree of benign prostatic hypertrophy (BPH). By age 80, at least 75 per cent have an enlarged prostate gland.

The prostate gland, about the size of a chestnut, is wrapped like a doughnut around the urethra, the tube that carries urine to the outside. Any enlargement of the prostate gland causes the hole to become smaller, gradually shutting off the flow of urine.

Patients have to strain to pass urine. The diminishing calibre of the urinary stream is accompanied by dribbling after voiding and a feeling the bladder is not quite empty. Patients who ignore these symptoms may experience a complete shut-off of the urinary flow. This may be triggered by the use of water pills to relieve swelling of the ankles or precipitated by taking too much alcohol.

Until now, surgery was the only way to relieve the obstruction. The most common operation was a transurethral resection of the prostate (TURP). A lighted instrument inserted into the penis views the prostate gland and excess glandular tissue is electrically removed. Every year, 400,000 prostatectomies are done in North America.

Patients are usually helped by a TURP. However, surgery may cause complications such as urinary incontinence and impotence. Patients must also accept retrograde ejaculations in which most of the semen is ejaculated into the bladder.

Proscar works by blocking the production of dihydrotestosterone (DHT), the male hormone that stimulates prostatic growth. This relieves symptoms and helps to shrink the prostate gland. In two trials of 1,600 patients, DHT levels were decreased 70 per cent in men

Doctor game

W. Gifford-Jones

who took the drug for two years. And the prostate gland decreased an average of 24 per cent after two years of therapy.

One-third of patients showed an improvement in their rate of urinary flow and 75 per cent had a decrease in other symptoms. But it is also known that placebos cause an improvement in symptoms in 40 per cent of patients with prostatic symptoms!

Since Proscar doesn't destroy testosterone in the body it rarely affects sexual drive. Only 3.7 per cent of cases reported impotence and 3.3 per cent stated they had decreased sexual drive. A five-milligram tablet every day is all that is required.

One problem, if Proscar does work, it must be taken for life.

Nor does Proscar work with the speed of antibiotics. Patients must take the drug for six months before the prostate shrinks enough to alleviate the symptoms. It's therefore of no use for patients suffering from acute urinary obstruction.

Urologists also fear Proscar may mask the detection of prostatic cancer by reducing the levels of PSA (prostate specific antigen), a protein produced by the prostate which increases if malignancy is developing.

So who should take Proscar? The majority of urologists I talked to said it was too early to have any set rules. But at the moment it is best suited for patients who have either mild or moderate symptoms or those who because of age or inclination want to avoid surgery.

Patients who wish this non-surgical approach must first be screened to rule out prostatic cancer. Rectal examination is the first step to determine if there are suspicious nodules in the prostate. If one is discovered, a biopsy must be done.

If none is present and the PSA is normal, Proscar can be started. Rectal examinations and PSA determinations must then be done annually. If your symptoms haven't improved after six months, there's no point in continuing Proscar.

This column by a Toronto physician runs Thursdays.

REFERENCE: Gormley, G.J., Stoner, E., Bruskewitz, R.C., Imperato-McGinley, J., Walsh, P.C., McConnell, J.D., Andriole, G.L., Geller, J., Bracken, B.R., Tenover, J.S., Vaughan, E.D., Pappas, E., Taylor, A., Binkowitz, B. and J. Ng for the Finasteride Study Group (G.L. Andriole *et al.*): The effect of finasteride in men with benign prostatic hypertrophy. *New Engl. J. Med.* **327**(#17): 1185-1191 (1992); see also the editorial on pages 1234-1236: Lange, P.H.: Is the prostate pill finally here? [DC Library call number: PER R11.B7]

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