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IL-2 : 招請講演 2**The modern management of BPH**

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Lower urinary tract symptoms (LUTS) are common in aging men and frequently related to benign prostatic hyperplasia (BPH). Today, BPH is largely managed as a quality of life disease, with treatment focused on relieving symptoms and reducing the long-term risks of the disease, such as acute urinary retention (AUR) and the need for BPH-related surgery (e. g. TURP). Recent recommendations for the initial evaluation and diagnosis of BPH will be reviewed, including the role of symptom score and urodynamic testing. Increasingly, tests such as flow rate and residual urine are felt to be unnecessary in patients prior to instituting medical therapy or watchful waiting. Pressure-flow urodynamic testing is only appropriate to consider prior to surgical therapy.

The results of the NIH MTOPS study will be presented, which demonstrate that the combination of a 5 α -reductase inhibitor and an alpha-blocker provide maximal symptom relieve and reduce the long-term risk of BPH progression by almost 70%. Combination therapy is most appropriate for symptomatic patients who have significant prostate enlargement. The MTOPS study also demonstrated that alpha blocker monotherapy is probably not effective in reducing the long-term risk of AUR or the need for TURP. Despite the significant benefit of combination therapy, it should not be over used. Men with small prostates and those with minimal symptoms are not candidates for this approach. In addition, in the MTOPS patient population (on average, IPSS of 17, Qmax 10, prostate volume 30cc) only 20% of patients had significant worsening of their disease over 5 years. Thus, watchful waiting is still an excellent strategy for many patients.

The overall results of minimally invasive therapies (e. g. microwave) and surgery will be reviewed.