

Urology in the New Era of Medical Treatments

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Urinary symptoms, due to symptomatic Benign Prostatic Hyperplasia (BPH), are bothersome to the patient and have a negative impact on patients' quality of life. Storage symptoms are mainly attributable to detrusor over activity, which is thought to occur in patients with Benign Prostatic Obstruction. Medical treatment of LUTS, suggestive of Bladder Outlet Obstruction, is the initial choice and α 1-adrenoceptor antagonists remain the most widely used pharmacological agents, aiming at the dynamic component of BPH. Thus, therapeutic advances are directed towards the relief of bladder outflow resistance. On the other hand, anticholinergics represent the first line treatment for detrusor overactivity. Currently, the combined treatment for the treatment of BPH with concomitant detrusor overactivity has been so far everyday clinical practice. Other possible combinations, apart from the established combination of α -blocker plus 5 α -reductase, are 5 α -reductase inhibitors plus anticholinergic, phytotherapy plus α -blocker, α -blocker plus PDE-5 inhibitors, α -blockers plus anti-inflammatory drugs, anticholinergics plus β 3 agonist, α -blockers plus β 3-agonist, etc. It is obvious that we are entering in a new era where we have to adjust and consider using multiple drugs for certain treatments. Pharmacotherapy is improving the armamentarium of urologist.

Nowadays more and more medical therapies are used in urology, especially functional urology. Antimuscarinics, α -blockers, 5 α -reductase inhibitors, PDE-5 inhibitors, β 3 agonist, desmopresin, duloxetine, melatonin receptor agonist, LHRH agonist, GHRH antagonist are drug classes which are used in the treatment of urological

diseases. All these drugs can be used alone or in different combinations for the confront of urological dysfunctions. The use in combination of three or four of these drugs in the near future it is not only a scenario but rather a fact. Over the last 15 years, an increase has been noticed in USA in the use of medications for the treatment of BPH. From 1993 to 2010, the use of BPH medication increased from 14% of visits in 1993-1995 to over 40% of visits in 2008-2010 [1]. Providers seem to have adopted new treatment strategies and novel medications [1].

As the balance sometimes is in favor of medical treatment in comparison with surgical one, the need for a more appropriate training of new generation urologists is rising. The indications and contraindications of drugs are very critical. Many of our patients are in polypharmacy suggesting that is very important to know the interactions between the different pharmaceutical substances. A balance between the surgical and medical training is necessary in a way that urologist will become familiar with the use of different drugs as with the use of new and classical surgical techniques. Urology with the enrichment and the progress of last twenty years became a specialty with both Surgical and Medical background, wide and profound enough to attract the attention of new talented colleagues who will lead the specialty in new scientific progress.

Reference

1. Filson CP, Wei JT, Hollingsworth JM (2013) Trends in medical management of men with lower urinary tract symptoms suggestive of benign prostatic hyperplasia. *Urology* 82: 1386-1392.

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