Benign Prostata Hiperplasia (BPH) Therapy
(Benign prostate enlargement)

Introduction

BPH is a disease typically occuring in old age. Although the Lower Urinary Tract Symptoms (LUTS) do not necessarily indicate life endangerment, they do have a considerable impact on quality of life. LUTS caused by BPH normally begin after the age of 40.
50–60 year old men mostly experience mild symptoms and 30%-40% of the the over 60s encounter medium and strong symptoms which interfere with everyday life.

Terminology

BPS symptoms contain irritative and obstructive components which occure in different measures. The size of the prostate, the degree of obstruction and the seriousness of the symptoms have little to do with each other and do not necessarily correlate. Patients suffering mildly from the disease can have both obstructive or irritative symptoms whereas patients experiencing the disease on a more serious level can be completely complaint free.
In general, BPH is known as an old man bladder emptying problem suffered by older men.
Because of frequent improper medical practice – not carried out by urologist consultants- patients with BPS (Bladder Pain Syndrome) are treated for BPH. Patients are treated without identifying the causes of their bladder emptying problems or, perhaps, just for having an enlarged prostate - all of this without establishing the exact diagnosis.
Cases of treating BPH with drugs (after being seen by an inappropriate consultant) have become very common.
The consequence of this: unsuccessful treatment, an increase in cost and a decrease in quality.
Despite being used widely (albeit incorrectly) in everyday life, benign prostate hyperplasia (BPH) only refers to a histological diagnosis. This is because the patient does not encounter BPH symptoms, yet normally has lower urinary tract symptoms, which are called LUTS in the English speaking world.
The typical BPH patient goes to his doctor with LUTS and its accompanying symptoms, which can lead to a decrease in quality of life.
For this reason, diseases until now described as benign prostate hyperplasia (BPH) should correctly be called benign prostate syndrome (BPS). This allows us to emphasise the extremely variable pathophysiology relation between LUTS, the benign prostate enlargement (BPE) and the obstruction (BOO or BPO).
However, in everyday practice, this logic is not always followed. In most languages, and just like in our country, the term BPH is used.
The diagnosis has to clarify the relation between LUTS, BOO and BPO and benign prostate enlargement (BPE)

Epidemiology and natural course of the disease

Considering the number of patients and the costs, BPH is endemic.
The etiology of the disease is multifactorial and the development of the disease is influenced by age and hormonal changes.
In terms of race, BPS-BPH mainly affects white European and American men.
Incidence of the disease among Asian and Black men is a lot less common.
Prevalence of the disease is age dependent and early symptoms generally appear after the age of 40. Subsequently, 30%-40% of men experience the disease from the age of 60 and 88%-90% of men over 80 encounter it.

In 50% of the histologically proven cases, mild or serious LUTS appear.
In Germany, tests performed on the over 50s (Herner-LUTS-examination) revealed that 40,5% of this sector of the population suffer from LUTS which need treatment. 29,6% have prostate enlargement (BPE) and in 17,3% of the cases, urine stream flow measurement (flowmetry) showed bladder empting problems (BOO).
Incidence of LUTS, benign prostate enlargement (BPE) and weakening urine stream are all dependent on age.
60% of men with the condition of difficult urinating suffer from typical symptoms and 30% of them suffer from serious symptoms. 70% of men who suffer from LUTS still do not receive any treatment.

Because of the number of untreated patients and the variable population age structure as well as the economy, society and social point of view, it is important to establish a rational diagnostic and therapy protocol which will result in quality health service.

BPH treatment

1. Drug treatment
The treatment used is determined by the symptoms and how much they interfere with quality of life.
In the case of symptoms requiring urgent treatment, we normally choose alpha-blockers medication.
There are many medications to choose from and there are only minimal differences in their chemical composition.
All of them block the alpha receptors in the lower urinary tract, thereby reducing the frequency and urgency of urinating.
This treatment method is used if the symptoms are larger in volume and obstructive (such as urinary occlusion, making urinating difficult).

2. BPH surgical therapy
Traditionally the treatment of BPH by surgery targets the removal of tissue growth which indicate the degree of obstruction.
It can happen that symptoms remain after a successful operation and after the removal of the obstruction.
The obstruction not only comprises static component, but also dynamic from the smooth muscle tone.
The success of surgical intervention is based upon the results of tests taken before the decision for surgery was taken.
The minority of BPH patients have to be operated on out of necessity, whereas the majority of patients have to be operated on because of declining quality of life due to LUTS.
It is difficult to define the concept of surgical treatment. The most important thing is that we carefully remove, separate or destroy the tissues.
Nowadays, urinary obstruction caused by BPH can only be treated by surgical methods since, unfortunately, there are not any alternative treatments available.
Previously, this type of surgery represented 40% of all urology surgery.
The last decade has witnessed some changes: firstly, the opportunity to employ (and the result of) conservative treatment with drugs has improved. Secondly, new treatment methods have been introduced and older ones modified and enhanced.
Although alternative or „half" surgical treatments have become common, 90% of treatment carried out in everyday practice are surgical interventions.

Surgical treatment types:
- TURP (transurethral prostate resection),
- TEVAP (transurethral electrovaporisation of the prostate),
- TUIP (transurethral incision of the prostate), laser surgery (coagulation, vaporisation, resection, enucleation),
- open surgery adenomectomy