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Mirabegron in the treatment of BPH – an evidence-based review

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Background/Aim: Benign prostatic hyperplasia (BPH) is a common condition in men over 50 years, often resulting in lower urinary tract symptoms (LUTS), which are characterized by a combination of irritative and obstructive symptoms. Medical treatment is the first option to improve the quality of life and prevent complications. The range of drugs available for treating LUTS has been expanding, and the most recently introduced class was beta3-adrenoceptors, which belongs Mirabegron. This drug is useful for the treatment of the symptoms of overactive bladder (OAB) therefore represents a promising new therapeutic class. Analyze the available evidence on the usefulness of Mirabegron in the treatment of irritative symptoms of BPH.

Methodology: One research articles published was carried out between January 2006 and December 2015, in databases, including Systematic Reviews (SR), Clinical Practice Guidelines, Meta-analyzis and Randomized Controlled Trials (RCTs) in Portuguese and English, using MesH terms 'Mirabegron' and 'prostatic hyperplasia'. The Evidence Level (EL) and Strength-of-Recommendation was held from the SORT of American Family Physician.

Results: Research led to 20 articles: 5 were repeated and 11 were excluded; 4 articles, including 3 RCTs and 1 SR were admitted. The studies are in agreement as treatment with Mirabegron is effective and well tolerated and can be safely added to antimuscarinics and alpha-blockers if OAB symptoms (EL 1). It is associated with a decreasing in IPSS and OABSS-QoL scores, reducing the episodes of urgency and urinary incontinence as well as increasing the volume of the urinary stream and the interval between micturition (EL 1).

Conclusions: This review shows that Mirabegron is as effective as antimuscarinics for OAB, improving symptoms in those who antimuscarinic are insufficient. Therefore, combined treatment of an alpha-blocker and beta3-adrenoceptor is effective and safe for patients with BPH having obstructive symptoms that do not respond to treatment with monotherapy (SORT A).