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Use of α -adrenergic antagonists in renal colic - what is the evidence?

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Background: The most frequent cause of renal colic is obstruction by calculi at the renal pelvis or at the ureter. Urolithiasis is common and has a high rate of recurrence. Because of the intensity of the renal colic, patients tend to go to the Emergency Services, where is administered effective analgesic therapy, in particular NSAIDs and opioids.

Aim: To assess the existing evidence on the effectiveness of alpha-adrenergic antagonists for symptomatic relief of flank pain compared to placebo and/or conventional analgesic therapy.

Method: for this review it were used electronic sites of Evidence Based Medicine and Medline for research of clinical guidelines, systematic reviews, meta-analyzes and randomized controlled trials (RCT's) published between January 2005 and May 2015, using the MeSH terms 'alpha adrenergic antagonists' and 'renal colic'. It was applied the SORT scale of the American Family Physician to classify the evidence.

Results: of the 48 articles were selected 1 guideline, 2 meta-analyzes and 1 RCT. After its analysis, it was found that the guideline recommends the use of alpha-adrenergic antagonists in the episode of renal colic to decrease its recurrence (Recommendation Force (FR) A), and it was attributed a level 1 evidence. The meta-analyzes were assigned evidence level 3 because the main objective refers to calculi expulsion rate, although both exhibit evidence that the use of antagonists has benefit in symptomatic relief. The RCT demonstrates that there is no significant difference between the use or not of tamsulosin; it was given a level 3 evidence.

Conclusions: Most studies presented favors the use of alpha-adrenergic antagonists in renal colic, although only the guideline has evidence level 1; for this reason it was attributed a B RF. One of the limitations is the heterogeneity of the studies. There are needed more homogeneous studies whose main objectives focus on efficiency in terms of symptomatic relief.

