alfuzosin 10 mg once-daily in the treatment of lower urinary tract symptoms and clinical benign prostatic hyperplasia: a pooled analysis of three double-blind, placebo-controlled trials. *BJU Int* 2003; **92**: 257–61

15 **Madersbacher S, Alivizatos G, Nordling J, Sanz CR, Emberton M, de la Rosette JJ.** EAU 2004 guidelines on assessment, therapy and follow-up of men with lower urinary tract symptoms suggestive of benign prostatic obstruction (BPH guidelines). *Eur Urol* 2004; **46**: 547–54

16 **Roehrborn CG, Siami P, Barkin J *et al.*** The effects of combination therapy with dutasteride and tamsulosin on clinical outcomes in men with symptomatic benign prostatic hyperplasia: 4-year results from the CombAT study. *Eur Urol* 2010; **57**: 123–31

17 **McConnell JD, Roehrborn CG, Bautista OM *et al.*** The long-term effect of doxazosin, finasteride, and combination therapy on the clinical progression of benign prostatic hyperplasia. *N Engl J Med* 2003; **349**: 2387–98

18 **Becher E, Roehrborn CG, Siami P, Gagnier RP, Wilson TH, Montorsi F.** The effects of dutasteride, tamsulosin, and the combination on storage and voiding in men with benign prostatic hyperplasia and prostatic enlargement: 2-year results from the Combination of Avodart and Tamsulosin study. *Prostate Cancer Prostatic Dis* 2009; **12**: 369–74

19 **Siami P, Roehrborn CG, Barkin J *et al.*** Combination therapy with dutasteride and tamsulosin in men with moderate-to-severe benign prostatic hyperplasia and prostate enlargement: the CombAT (Combination of Avodart and Tamsulosin) trial rationale and study design. *Contemp Clin Trials* 2007; **28**: 770–9

20 **Barry MJ, Williford WO, Fowler FJ Jr, Jones KM, Lepor H.** Filling and voiding symptoms in the American Urological Association symptom index: the value of their distinction in a Veterans Affairs randomized trial of medical therapy in men with a clinical diagnosis of benign prostatic hyperplasia. *J Urol* 2000; **164**: 1559–64

21 **Roehrborn CG.** Three months' treatment with the alpha1-blocker alfuzosin does not affect total or transition zone volume of the prostate. *Prostate Cancer Prostatic Dis* 2006; **9**: 121–5

22 **Welch G, Kawachi I, Barry MJ *et al.*** Distinction between symptoms of voiding and filling in benign prostatic hyperplasia: findings from the Health Professionals Follow-up Study. *Urology* 1998; **51**: 422–7

Correspondence: Francesco Montorsi, Universitá Vita Salute San Raffaele, Via Olgettina 60, 20132 Milan, Italy.
e-mail: montorsi.francesco@hsr.it

Abbreviations: **BPE**, benign prostatic enlargement; **OAB**, overactive bladder; **5ARI**, 5α-reductase inhibitor; **AUR**, acute urinary retention; **CombAT**, Combination of Avodart and Tamsulosin (study); **HRQL**, health-related quality of life; **MTOPS**, Medical Therapy of Prostatic Symptoms (study).

EDITORIAL COMMENT

THE EFFECTS OF DUTASTERIDE OR TAMSULOSIN ALONE AND IN COMBINATION ON STORAGE AND VOIDING SYMPTOMS IN MEN WITH LOWER URINARY TRACT SYMPTOMS (LUTS) AND BENIGN PROSTATIC HYPERPLASIA (BPH): 4-YEAR DATA FROM THE COMBINATION OF AVODART AND TAMSULOSIN (CombAT) STUDY

The above study confirms the benefits of combined drug therapy with a 5α-reductase inhibitor (5ARI) and an α-blocker compared with either of these drugs as monotherapy in relieving both storage and voiding symptoms in men with prostates ≥30 mL and with moderate-to-severe LUTS. α-blockers have generally been considered being the more beneficial of the two classes of drugs in treating the storage symptoms although this thought was not supported by the 2-year *post hoc* analysis of the CombAT study where monotherapy with dutasteride was found to be equally effective to tamsulosin [1]. The present study now shows that given enough time, 5ARIs (such as dutasteride) have a meaningful role to play in reducing storage symptoms and to a greater extent than α-blockers. This is of relevance given that as urologists, we are all familiar with the man who presents to our offices with LUTS, complaining predominantly about the storage rather than voiding symptoms; hence, it is important to understand how drug therapy influences these categorisations of LUTS.

This study contributes to the standard of care shifting towards combined drug therapy in appropriately selected patients, but at the same time, better defining the role of the α-blockers. We already know that they work well as monotherapy for men with LUTS and smaller prostates [2]. For the men with larger prostates (>58 mL), these results would perhaps support the cessation of an α-blocker beyond 27 months. From a practical perspective, this is probably not going to happen as it is simply easier to keep a man on combined therapy if already satisfied with treatment and even more so if the fixed-dose combined drugs, which have recently become available, are prescribed.

Henry Woo,
Sydney Adventist Hospital Clinical School, Sydney Medical School, University of Sydney, Sydney, Australia

REFERENCES

1 **Becher E, Roehrborn CG, Siami P, Gagnier RP, Wilson TH, Montorsi F.** The effects of dutasteride, tamsulosin, and the combination on storage and voiding in men with benign prostatic hyperplasia and prostatic enlargement: 2-year results from the Combination of Avodart and Tamsulosin study. *Prostate Cancer Prostatic Dis* 2009; **12**: 369–74

2 **Roehrborn CG, Van Kerrebroeck P, Nordling J.** Safety and efficacy of alfuzosin 10 mg once-daily in the treatment of lower urinary tract symptoms and clinical benign prostatic hyperplasia: a pooled analysis of three doubleblind, placebo-controlled trials. *BJU Int* 2003; **92**: 257–61