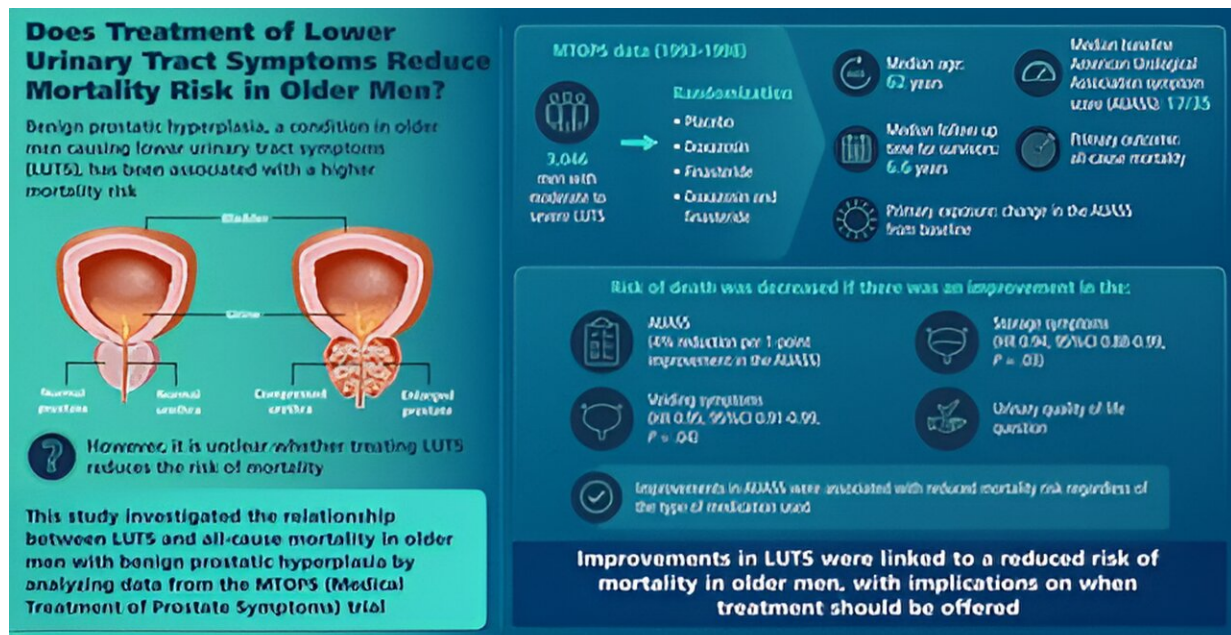


# For older men, treating urinary symptoms may lead to lower mortality risk

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The Reduction of Male Lower Urinary Tract Symptoms is Associated With a Decreased Risk of Death  
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Effective treatment for lower urinary tract symptoms (LUTS) in men aged 50 or older is associated with a lower risk of death over the next few years reports [a study](#) in the October issue of *The Journal of Urology*.

"We found a small but significant decrease in [mortality](#) risk for older men who received medications for [treatment](#) of LUTS," comments lead

author Blayne Welk, MD, MSc, of Western University and Lawson Health Research Institute, London, Ont., Canada. "The findings suggest that we may need to view [urinary symptoms](#) differently, possibly with an emphasis on earlier treatment." Dr. Welk's co-author was Andrew McClure, MSc.

## **One-point reduction in urinary symptoms linked to 4% reduction in mortality**

The researchers analyzed data on 3,046 men aged 50 years or with moderate to severe LUTS from a previous clinical trial (the Medical Treatment of Prostate Symptoms trial). Participants were randomly assigned to active treatment with medications for LUTS—the alpha-1 blocker doxazosin, the 5-alpha reductase inhibitor finasteride, or a combination of the two—or inactive placebo treatment.

Follow-up data were used to assess the relationship between reduction in urinary symptoms and the risk of [death](#) after an average of six years. Severity was assessed using a standard score (the AUA Symptom Score), which rates the impact of LUTS symptoms on a scale from 0 to 35. The patients' median age was 62 years; 117 men died during the two-year follow-up period.

"Improvement in male LUTS was associated with a reduced risk of death," the researchers write. For each one-point reduction in symptom score, the relative likelihood (hazard ratio) for death decreased by 4%. Greater symptom reductions were linked to greater reductions risk of death: hazard ratio decreased by 12% with a three-point reduction in symptom score and by 35% with a 10-point reduction in LUTS.

Men assigned to all three active treatment groups had significant reductions in mortality risk, but the placebo group did not. The findings

were consistent on further analyses including adjustment for potential confounding factors or for [surgical treatment](#) (transurethral prostate resection). Reductions in specific types of symptoms (storage or voiding symptoms) were associated with similar reductions in mortality.

## Could earlier treatment for LUTS lower risk of death?

Lower urinary tract symptoms such as weak stream and frequent nighttime urination (nocturia) are very common in older men. Previous studies have linked moderate to severe LUTS to an increased risk of death. The new study is the first to focus on whether improvement in male LUTS may reduce this excess risk of death.

The reduction in mortality in men receiving effective medications may have implications for the approach to treatment for LUTS in [older men](#). Such urinary symptoms are generally viewed as a "benign condition," treated only if they become a bothersome problem for the patient.

The researchers emphasize that their study cannot determine whether there is a [causal relationship](#) between improvement in LUTS symptoms and subsequent [mortality risk](#). If so, then earlier treatment based on [symptom](#) scores would be an appropriate strategy—analogue to the long-term reductions in mortality resulting from early treatment for mild increases in blood pressure.

The authors also note that the study did not evaluate the effect of other treatment options, including newer types of selective alpha blockers. Dr. Welk and Mr. McClure conclude, "Further study is necessary to see if early LUTS treatment independently decreases the risk of mortality."

**More information:** Blayne Welk et al, The Reduction of Male Lower

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