

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/286904174>

The authors reply: Impact of metabolic syndrome on response to medical treatment of benign prostatic hyperplasia

Article in *Korean journal of urology* · December 2015

DOI: 10.4111/kju.2015.56.12.847

CITATIONS

0

READS

25

2 authors:



Ali Kabir

Iran University of Medical Sciences

127 PUBLICATIONS 1,327 CITATIONS

[SEE PROFILE](#)



Ali Cyrus

Arak University of Medical Sciences

23 PUBLICATIONS 133 CITATIONS

[SEE PROFILE](#)

Some of the authors of this publication are also working on these related projects:



Post Doctoral Research Fellowsh at Wexner Medical Center, Ohio State University [View project](#)



Cardiac Rehabilitation [View project](#)

The authors reply: Impact of metabolic syndrome on response to medical treatment of benign prostatic hyperplasia

Ali Kabir, Ali Cyrus¹

Minimally Invasive Surgery Research Center, Department of Community Medicine, School of Medicine, Iran University of Medical Sciences, Tehran, ¹Department of Urology, Arak University of Medical Sciences, Arak, Iran

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

To the editor:

We express our special thanks for these nice comments on our published paper in your journal [1]. Our study was done before the release of the mentioned new guidelines in 2015 [2]. Moreover, there are studies that have also studied different outcomes (effect) of different durations of these medications on benign prostatic hyperplasia [3-5]. We were not able to study the maximal effect for more than 3 months. Because of the lack of previous studies with our design, we preferred to run a study with a shorter duration. In addition, our study was a cohort based on the present data and not a clinical trial with an arbitrary duration of study.

Our treatment regimen contained both medications and we did not have a cohort of persons receiving only one of these medications. Perhaps in a factorial clinical trial with different groups consisting of only one of these medications, their combination and placebo could be useful for evaluation of the effect of each regimen. Surely, our results cannot be assumed to refer to only one of these medications but to their combination.

In response to the comment, "In addition, the clinical effects of 5ARIs are seen after a minimum treatment duration of at least 6 to 12 months," we should note that in our study, the effects of combination therapy had

been observed with a shorter duration. It may be that combination therapy is more effective with a shorter duration and that the effect of combination therapy with both finasteride and prazosin is different from their single treatment effect.

Finally, our study was a clinical study and not a basic evaluation of the hormones. Accordingly, we prefer to not discuss these issues, even though the authors' opinions about hormonal pathways and changes seem logical. We think that these issues need a separate study evaluating the effect of all single or combination therapies on biochemical, hormonal, and enzymatic changes.

CONFLICTS OF INTEREST

The authors have nothing to disclose.

REFERENCES

1. Cyrus A, Kabir A, Goodarzi D, Talaei A, Moradi A, Rafiee M, et al. Impact of metabolic syndrome on response to medical treatment of benign prostatic hyperplasia. *Korean J Urol* 2014;55: 814-20.
2. Gratzke C, Bachmann A, Descazeaud A, Drake MJ, Madersbacher S, Mamoulakis C, et al. EAU guidelines on the assess-

Corresponding Author: Ali Kabir

Nikan Health Researchers Institute, Unit 9, No. 1, 3rd floor, 3rd Bahar Alley, Ashrafi Isfahani Highway, Poonak Square, Tehran, Iran
TEL: +98-21-44468645, FAX: +98-21-44476796, E-mail: aikabir@yahoo.com

ment of non-neurogenic male lower urinary tract symptoms including benign prostatic obstruction. *Eur Urol* 2015;67:1099-109.

3. Anwarul Islam AK, Kashem MA, Shameem IA, Kibria SA. Efficacy of terazosin and finasteride in symptomatic benign prostatic hyperplasia: a comparative study. *Bangladesh Med Res Counc Bull* 2005;31:54-61.
4. Baldwin KC, Ginsberg PC, Roehrborn CG, Harkaway RC. Discontinuation of alpha-blockade after initial treatment with finasteride and doxazosin in men with lower urinary tract symptoms and clinical evidence of benign prostatic hyperplasia. *Urology* 2001;58:203-9.
5. Baldwin KC, Ginsberg PC, Harkaway RC. Discontinuation of alpha-blockade after initial treatment with finasteride and doxazosin for bladder outlet obstruction. *Urol Int* 2001;66:84-8.