dominated clinical trials (RCTs), with follow-up times from 1 to 36 months. Efficacy at three months of follow-up (estimated as the posterior median) ranged from 85.7% for the levodragostel-releasing intrathecal system (LNG-IUS) to 14.2% for proges-
togens administered for less than two weeks out of four in the menstrual cycle. The 95% credible intervals for most estimates were quite wide, mainly because of the limited evidence for many combinations of treatment class and follow-up time and that the corresponding estimations of uncertainty were more precise.

CONCLUSIONS: LNG-IUS and endometrial ablation have high efficacy for HMB.

The study yielded useful insights on MTP in sparse evidence networks. Diversity of outcome measures and follow-up times in the HMB literature presented consider-
able challenges. The Bayesian credible intervals reflected the various sources of uncertainty.

PH4
IS SILDENAFIL – APOMORPHINE SUBLINGUAL COMBINATION SIGNIFICANTLY MORE EFFECTIVE THAN SUBLINGUAL SILDENAFIL IN TREATING ERECTILE DYSFUNCTION?
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OBJECTIVES: To test the efficacy of a sildenafil (50 mg) and apomorphine (3 mg) sublingual combination in treating male Erectile Dysfunction (ED) in comparison to sublingual sildenafil (50 mg) that shows an increasing number of non-responders.

METHODS: In all, 50 eligible ED patients were enrolled into a prospective single-blinded crossover study with two treatment periods, each of 4 weeks, separated by a 2-week washout period. A randomization list in blocks in closed packets was used to randomize the patients to receive sildenafil then the combination or the combi-
nation then sildenafil. The primary efficacy endpoint was the percent of attempts resulting in erection firm enough for intercourse. Other efficacy endpoints included the percent of attempts resulting in successful intercourse, change in the score of the 5-Alpha reductase inhibitors (5-ARIs) was deemed inappropriate due to the heterogeneity of the
treatment, response to Sexual Encounter Profile (SEP) diary questions 2 and 3, and patient’s preference (Of the two study interventions, which one did you prefer?).

RESULTS: Only 43 patients completed the whole schedule and had results evaluable for analysis. Sildenafil - apomorphine combination had a significantly higher estimate than sildenafil in regard to the mean percent of attempts resulting in erection firm enough for intercourse (77.6% vs. 63.1%, p < 0.001) and resulting in successful intercourse (51.1% vs. 34%, p < 0.001), as well as erectile function as evaluated by the change in the median IIEF-5 score from baseline (18 vs. 15 with baseline of 7, P = 0.001). Also, the proportion of affirmative answers regarding the SEP diary was significantly higher after the combination (question 2: 79.1% vs. 65.0%, p < 0.001) and question 3: 65.1% vs. 44.2%, p = 0.05). At the end of the study, patients were significantly more effective for the combination and 4.6% for sildenafil.

CONCLUSIONS: Sildenafil - apomorphine sublingual combination was significantly more effective than sublingual sildenafil in treating ED.

PIH5
SYSTEMATIC REVIEW COMPARING THE EFFICACY OF THE 5-ALPHA REDUCTASE INHIBITORS (5-ARIS) DUTASTERIDE AND FINASTERIDE IN THE TREATMENT OF BENIGN PROSTATIC HYPERPLASIA (BPH)
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OBJECTIVES: The present systematic review aimed to evaluate the efficacy of treating BPH using finasteride and dutasteride, two 5-ARIs approved by the FDA for the treatment of BPH, based on the available randomized controlled trials (RCTs).

METHODS: A systematic review of the literature regarding RCTs involving the use of finasteride and dutasteride for the treatment of BPH was conducted. The search strategy included multiple databases and clinical trial registries. The primary outcome measure was the percentage of patients with a decrease in the volume of the prostate gland. Secondary outcomes included changes in urinary symptoms and quality of life measures.

RESULTS: A total of 11 RCTs involving 1,500 participants were included in the analysis. The results showed that both finasteride and dutasteride significantly reduced the volume of the prostate gland, with a mean decrease of 40% and 32%, respectively, compared to placebo. Additionally, there were improvements in urinary symptoms and quality of life measures in patients treated with both medications. No significant differences were found between the two 5-ARIs in terms of efficacy.

CONCLUSIONS: Both finasteride and dutasteride are effective treatments for BPH, with no significant differences in efficacy between the two medications. Further research is needed to evaluate long-term outcomes and potential side effects.