subjective improvement of PPBC at 1st and 3rd month compared with baseline in younger group ($P<0.05$). In older group, the score of Qol and OABSS were significantly decreased at 1st and 3rd month compared with baseline. ($P<0.05$). The mean changes of most measurements after 3 months of treatment were no significant difference between younger and older patients, except Qmax and voided volume. Younger patients experienced more AEs than the elders ($26.79\%$ vs $12.5\%$) during treatment. The common AEs included dry mouth ($n=5$), abdominal distension ($n=3$) and dizziness ($n=3$). Nevertheless, the incidence of AEs when using mirabegron were acceptable low in two groups.

**Conclusion:** Mirabegron 25 mg once daily is a safe and effective drug to improve OAB symptoms and Qol in old patients with multiple comorbidities. The treatment efficacy were no much difference between younger and older patients.

**MP5-8. SUBJECTIVE SYMPTOM IMPROVEMENT OF SILodosin TREATMENT FOR BPH PATIENTS WITH UNSATISFACTORY RESPONSE TO INITIAL α1 BLOCKER**

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**Purpose:** To evaluate subjective symptoms improvement of Silodosin treatment for BPH patients with unsatisfactory response to initial α1 blocker.

**Materials and Methods:** 50 patients diagnosed with BPH and reported with unsatisfactory response to initial α1 blocker were included in this study. IPPS were recorded before and after administration of 4 weeks of Silodosin. No drug withdrawal period was provided when switching the drug. We evaluate subjective improvement of Silodosin treatment according to the International Prostate Symptom Score. **Results:** 28 patients (56\%) had subjective improvement according to the International Prostate Symptom Score total score but 22 patients failed to have symptoms improvement. Comparison of symptoms revealed that Silodosin showed significant effect on nocturia. The most frequent adverse drug reaction was ejaculatory disorder with Silodosin.

**Conclusion:** Silodosin exhibits some efficacy in improving subjective symptoms especially in nocturia for BPH patients with unsatisfactory response to initial α1 blocker.

**MP5-9. WHETHER A GOOD UROFLOW RATE COULD GUARANTEE A LOW POST-VOID RESIDUAL URINE VOLUME IN MEN WITH OVERACTIVE BLADDER?**

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**Purpose:** When considering antimuscarnics for patients with overactive bladder (OAB), post-void residual urine volume (PVR) is an important measurement to consider. When Qmax is less than 15ml/sec, there is a ten-fold increase of the risk for acute urinary retention. However, the correlation between uroflowmetry and bladder voided volume (less than 150ml) on uroflowmetry. This study tested this hypothesis by evaluating the correlation between uroflowmetry and bladder voided volume (less than 150ml) on uroflowmetry.

**Conclusion:** When considering antimuscarnics for patients with overactive bladder (OAB), post-void residual urine volume (PVR) is an important measurement to consider. When Qmax is less than 15ml/sec, there is a ten-fold increase of the risk for acute urinary retention. However, the correlation between uroflowmetry and bladder voided volume (less than 150ml) on uroflowmetry. This study tested this hypothesis by evaluating the correlation between uroflowmetry and bladder voided volume (less than 150ml) on uroflowmetry.