

Benign Prostatic Hyperplasia (BPH) - Not just a part of growing old

As they grow older many men have to adapt their lifestyle to accommodate what they might consider a weak bladder. Yet the problem is not a bladder dysfunction but an enlargement of the prostate. Benign prostatic hyperplasia (BPH) is a natural condition where the prostate gland slowly grows, causing pressure on the urethra (the tube that carries urine from the bladder during urination), similar to a clamp on a garden hose. "Hyperplasia" means enlargement and "benign" means the enlargement is non-cancerous.

The prostate is an organ about the size of a walnut, situated at the base of the bladder in front of the rectum. From puberty until middle age, prostate growth is negligible. But around the age of 40 hormonal changes in men trigger prostate growth which can result in BPH. BPH affects more than 50% of men over age 60 and as many as 90% of men over the age of 70.

According to Professor Mohamed Haffejee, the head of the department of urology at the University of the Witwatersrand, the symptoms of BPH develop slowly over time and include:

- Difficulty in starting to pass urine
- Frequent urination, also at night
- Weak flow of urine despite a strong urge
- Burning sensation while urinating
- Feeling that the bladder never completely empties
- Dribbling or leaking

Most symptoms of BPH start gradually. As the enlarged prostate compresses against the bladder and urethra, it restricts the flow of urine. The more the prostate grows, the more the urethra is constricted and the harder the bladder muscles have to squeeze to allow the flow of urine. The muscles of the bladder wall thicken and become more sensitive, creating the need to urinate frequently, even when the bladder only contains a small amount of urine.

Passing urine may be a stop-start process, with a feeling that the bladder hasn't been fully emptied. The bladder may then leak urine. Over

time, this can cause urinary tract infections (UTIs).

Professor Haffejee said, "The most important thing for BPH patients is the reassurance that this is not cancer. Nevertheless, to rule out prostate cancer I recommend that men from the age of 45 have a yearly Digital Rectal Exam (DRE) and a Prostate Specific Antigen (PSA) Blood Test earlier, if the patient has a family history of cancer."

Professor Haffejee, says that medication such as Cardura® (doxazosin mesylate) tablets treat BPH by alleviating the urinary outflow obstruction and irritative symptoms associated with BPH. All drugs in this class work well but Cardura® is the most cost-effective.

"Cardura may also be used to treat hypertension when initial drug therapy fails to control the blood pressure effectively", Haffejee said.

"It can be used as chronic medication or intermittently. Patients who also suffer from overactive bladder may require an additional anti-cholinergic agent. Some patients with BPH suffer from associated erectile dysfunction which can be helped with PDE5 inhibitors," said Haffejee.

About one-tenth of men with BPH go on to develop acute urinary retention (AUR), a painful condition characterised by a sudden and unexpected inability to pass urine. Nearly one in three men over 80 years will go on to develop AUR.

Surgery is indicated for patients who do not respond well to medication or suffer from complications, such as AUR. The latest surgical development is green light laser therapy, a virtually bloodless procedure. This treatment combines the effectiveness of the traditional surgical procedure known as Trans Urethral Resection of the Prostate (TURP) with laser energy. Most patients return home on the same day and can return to normal, non-strenuous activities within a few days.