THE UNIVERSITY OF WESTERN AUSTRALIA

WESTERN AUSTRALIAN CENTRE FOR HEALTH AGEING

CENTRE FOR OPTIMISATION OF MEDICINES

DRUGS USED IN BENIGN PROSTATIC HYPERPLASIA (BPH)

Deprescribing in older people: A clinical practice guideline

dRx™

DRUGS USED IN BENIGN PROSTATIC HYPERPLASIA (BPH)

Alpha-adrenoreceptor antagonists:

Alfuzosin, silodosin, tamsulosin

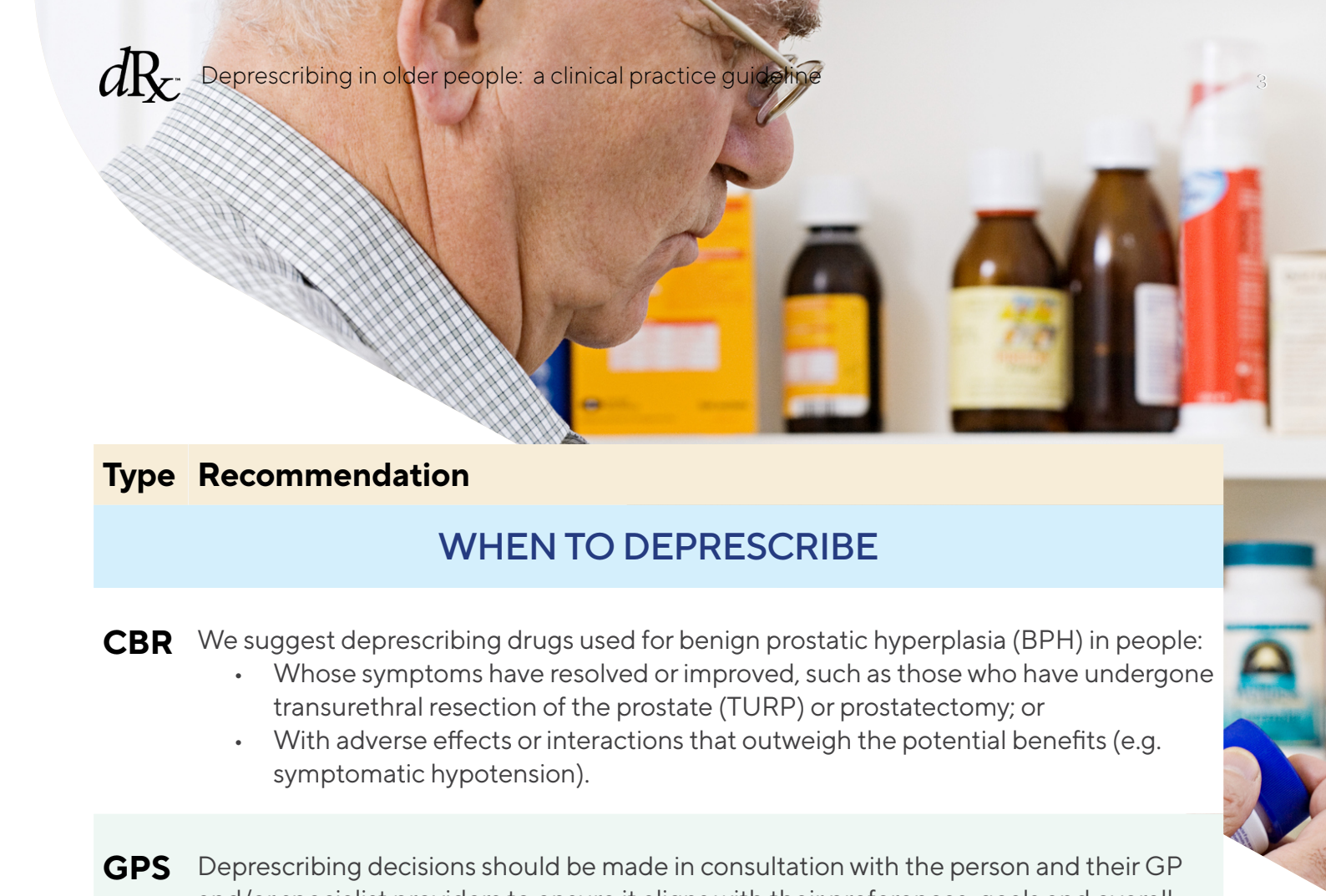
Testosterone-5-alpha-reductase inhibitors:

Dutasteride, finasteride

Combination drugs for BPH:

Dutasteride with tamsulosin*

*Common Pharmaceutical Benefits Scheme medicines



Type	Recommendation
	WHEN TO DEPRESCRIBE
CBR	We suggest deprescribing drugs used for benign prostatic hyperplasia (BPH) in people: • Whose symptoms have resolved or improved, such as those who have undergone transurethral resection of the prostate (TURP) or prostatectomy; or • With adverse effects or interactions that outweigh the potential benefits (e.g. symptomatic hypotension).
GPS	Deprescribing decisions should be made in consultation with the person and their GP and/or specialist providers to ensure it aligns with their preferences, goals and overall treatment plans (ungraded good practice statement).
	ONGOING TREATMENT
CBR	We suggest continuing drugs used for BPH in older men with persistent and severe symptoms, with regular assessments to evaluate the need for ongoing therapy. For men who remain on alpha-blockers, we suggest periodic blood pressure monitoring alongside reviews of the long-term necessity of treatment.
CBR	If deprescribing is unsuccessful despite multiple attempts, we suggest maintaining the lowest effective dose, with periodic reassessment of the need for long-term therapy.

CBR, consensus-based recommendation; GPS, good practice statement

HOW TO DEPRESCRIBE

CBR We suggest deprescribing without the need for tapering; however, some patients may prefer gradual tapering by reducing the dose or dosing frequency per week that the medicine is taken.

For individuals who continue to have mild to moderate symptoms, we suggest a trial of lifestyle modifications (e.g. limit fluid intake, limit bladder irritants, maintain a healthy weight) and behavioural strategies (e.g. timed voiding regimens, double-voiding techniques, pelvic floor exercises) before restarting pharmacological treatment.

MONITORING

CBR We suggest periodic evaluation of individual preferences and psychological effects of deprescribing, and advising individuals to report to their healthcare professionals any symptoms of recurrence or disease exacerbation (e.g. any return or worsening of urgency, frequency, incontinence, or nocturia) after stopping drugs used for BPH.

GPS Healthcare professionals should advise individuals to keep a record that they have taken drugs for BPH in the past if receiving eye surgery due to the risk of intraoperative floppy iris syndrome (ungraded good practice statement).

CBR, consensus-based recommendation; GPS, good practice statement

Note:

Evidence is drawn from studies involving participants aged ≥ 65 years and over.

Chronological age may not reflect health status. Among Aboriginal and Torres Strait Islander peoples, individuals aged 50 years and over are considered older.

Statements in this guideline are not prescriptive and should be applied using a shared decision-making approach.

Access to healthcare services may vary and can influence healthcare decisions.

Medicine needs may change over time; medicines may be restarted if clinically necessary, based on shared decision-making and informed consent.

For supporting evidence and further information, please visit **deprescribing.com** or scan the QR code:

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