

BPH medications: what each drug changes and when to reassess

BPH medications act on different targets and timelines, so for each one you should know the symptom it targets, how soon it should help, the side effects that matter to you and when you will decide whether to continue. Before calling a drug a failure, it is worth checking whether it was taken consistently, given enough time and aimed at the symptom that was really driving the problem.

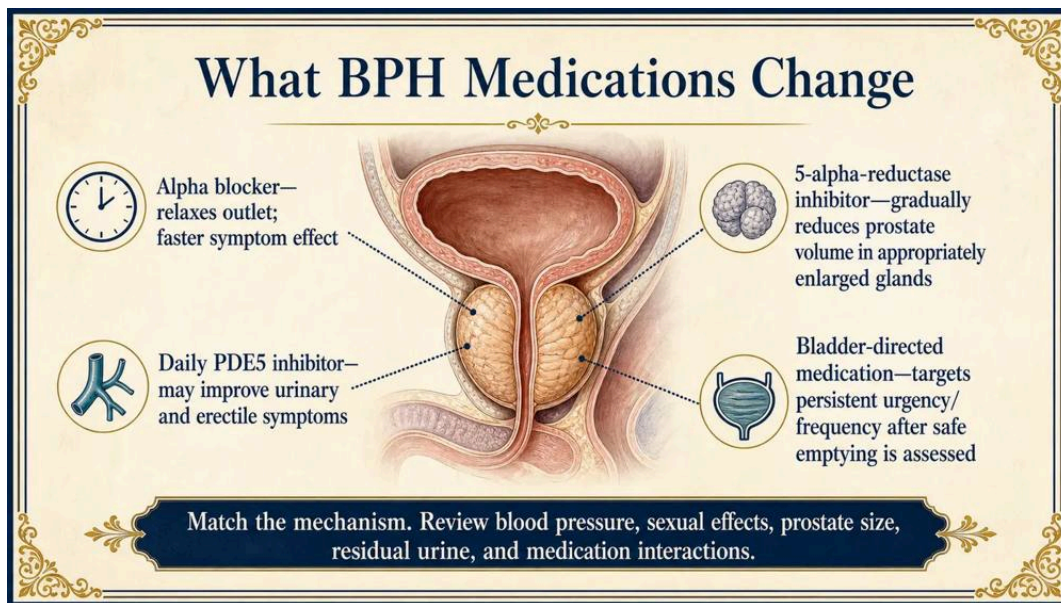


Figure 18.1. What BPH Medications Change. BPH medications act on different targets and timelines; they are not interchangeable versions of the same pill.

Key points

- Alpha blockers relax the outlet and can help within days; 5-alpha-reductase inhibitors shrink suitable glands over months.
- A drug can improve the stream and still be unacceptable if its cost conflicts with what you want to preserve.
- 5-alpha-reductase inhibitors lower PSA, so a rise from the treated baseline still deserves attention.
- Daily tadalafil can serve urinary and erectile goals but is not safe with nitrates.
- Before bladder-calming drugs are added, safe emptying should be confirmed.
- No medication should become permanent through inertia; follow-up can continue, adjust, combine or move on.

Get prompt care if you notice

- Sudden complete inability to urinate
- Fever or chills with urinary symptoms

Questions to ask your urologist

- What is this medication meant to change, and how soon should I notice it?
- Which side effects matter most given my other conditions and medicines?
- How will my PSA be interpreted if I take a 5-alpha-reductase inhibitor?
- Has my emptying been checked before adding a bladder medication?
- When will we decide whether to continue, stop or move to another treatment?

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