

## Abstract

**Objective:** Benign prostatic hyperplasia (BPH) incidence and progression has been shown to vary by race, geography and ethnicity with African-Americans having a more aggressive disease than other races. Combination drug therapy has been shown to be a favorable option for medical therapy of symptomatic BPH but data is lacking on the effects of this therapy in black race patients locally. This study aims to assess the early (six months) response, by both International-Prostate Symptom Score (IPSS) and peak urinary flow rate (QMax), to combination drug therapy of Tamsulosin and Dutasteride for management of symptomatic BPH in a predominantly African black race population cohort as a pilot study. **Patients and Methods:** Dutasteride 0.5mg and Tamsulosin 0.4mg once daily were administered orally to 52 patients aged 45years and above of black race with confirmed BPH for six months. The main outcome measures of change in mean QMax and IPSS were assessed at three months and six months. Secondary outcome measures were mean Total Prostate Specific Antigen (tPSA) and Prostate Volume (PV) changes. Drug compliance by Modified Morisky Scores (1) and adverse/side effects reported were documented. Paired sample t test and Pearson correlation as well as ANOVA were used to analyze the data. **Results:** There was a statistically and clinically significant increase in mean QMax by 13.3ml/sec and decrease in mean IPSS by 14.5 points at six months. There was a fairly rapid reduction in mean Total PSA of 0.9ng/ml as early as two months and a slower fall in mean PV of 10.224mls most evident at the last follow-up. Safety and tolerability of the drugs was consistent with previous experience and majority of the patients portrayed an excellent drug compliance profile. **Conclusion:** These results suggest the efficacy of combination drug therapy of Dutasteride and Tamsulosin for moderate-to-severe BPH in the black race. These patients seem to have a more drastic and rapid mean IPSS, QMax and PV response to therapy than reported for other races but their mean total PSA decrease was less. Combination drug therapy is therefore recommended as a useful alternative to surgery in management of BPH in the black race.