The efficacy of mirabegron additional therapy for elderly male lower urinary tract symptoms after treatment with a1-adrenergic receptor blocker

lysis plan
ticipant data

Plain English summary of protocol

Background and study aims

Overactive bladder syndrome (OAB) is a common condition with symptoms such as an urgent feeling to go to the toilet, going to the toilet often and sometimes leaking urine before getting to a toilet. Bladder training often cures the problem and sometimes medication is given at the same time. Mirabegron is a β 3-adrenoreceptor agonist developed for treatment of overactive bladder. α 1-Adrenergic receptor blockers work well for lower urinary tract symptoms (LUTS) in male patients. However, it is not known how well mirabegronl treatment in elderly male patients with persistent male LUTS performs, especially in OAB after monotherapy (therapy with a single drug) with α 1-adrenergic blockers. The aim of this study is to clarify the efficacy of mirabegron as an additional treatment for male elderly patients with LUTS.

Who can participate?
Men aged at least 65 with LUTS

What does the study involve?

Participants have their usual treatment for LUTS but are also given 50g of mirabegron daily for 12 weeks. Treatment is assessed by seeing whether OAB symptoms improve.

What are the possible benefits and risks of participating?

It is expected that participants will benefit from improvement of their overactive bladder symptoms. The risk of participating is minimal, but some people may find it painful to urinate (side effect of mirabegron)

Where is the study run from?

Department of Urology and Renal Transplantation, Nagasaki University Hospital (Japan)

When is the study starting and how long is it expected to run for? January 2012 to March 2015

Who is funding the study? Nagasaki University Hospital (Japan)

Who is the main contact? Dr Tomohiro Matsuo tomo1228@nagasaki-u.ac.jp

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

Protocol serial number

N/A

Study information

Scientific Title

The efficacy of mirabegron additional therapy for lower urinary tract symptoms after treatment with a1-adrenergic receptor blocker monotherapy: prospective analysis of elderly men

Study objectives

The efficacy of mirabegron additional treatment in elderly male patients with persistent male lower urinary tract symptoms (LUTS), especially overactive bladder (OAB) symptoms after monotherapy with α 1-adrenergic blockers, is not fully understood. Hence, the aim of study is to clarify it.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Nagasaki University Hospital Ethical Committee, 17/11/2011, ref: 11120267

Study design

Interventional non-randomized single site study

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Persistent male lower urinary tract symptoms (LUTS) and overactive bladder (OAB) symptoms

Interventions

The patients continued all of their prescribed drugs during this study period. Before and 12 weeks after mirabegron (Betanis®, Astellas Pharma Inc., Tokyo, Japan; 50 mg once daily) treatment was added to a previous α 1-adrenergic receptor blocker for urinary symptoms, efficacy of the treatment was evaluated using the OABSS and International Prostate Symptom Score (IPSS) to assess subjective symptoms, and uroflowmetry and PVR was used to assess objective symptoms. We measured the maximum flow rate (Qmax) on free uroflowmetry and PVR using transabdominal ultrasound sonography. Moreover, before mirabegron add-on treatment was administered, the prostate volume (PV) was evaluated using transabdominal ultrasound sonography. During the clinical study, the current α 1-adrenergic receptor blocker that the patients had been taking orally was not changed to a different one.

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Mirabegron

Primary outcome(s)

- 1. The change of total overactive bladder symptom score
- 2. The change of total international prostate symptom score
- 3. Voided volume
- 4. Maximum flow rate
- 5. Post void residual urine volume

Measured at between baseline and 12-weeks after treatment

Key secondary outcome(s))

- 1. The subscore of overactive bladder score
- 2. The subscore of intrenational prostate symptom score

Measured at between baseline and 12-weeks after treatment

Completion date

31/03/2015

Eligibility

Key inclusion criteria

- 1. Male patients who had persistent lower urinary tract symptom and particularly overactive bladder symptoms, and had been taking a regular dose of α 1-adrenergic receptor blockers for more than 12 weeks.
- 2. 65 years or older
- 3. total overactive bladder symptom score of 3 or more points with urinary urgency at least once per week

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Senior

Sex

Male

Total final enrolment

50

Key exclusion criteria

- 1. Post void urine volume of 50 mL
- 2. History of urinary retention
- 3. Prior diagnosis of neurogenic bladder
- 4. Urethral stricture
- 5. Severe hypertension (systolic blood pressure ≥ 180 mmHg and/or diastolic blood pressure ≥ 110 mmHg) not well controlled by medication
- 6. Renal insufficiency (glomerular filtration rate < 30 mL/min/1.73 m2)
- 7. Liver impairment
- 8. Intention to have a child
- 9. Urological malignancy
- 10. Patients taking any anti-muscarinic drugs

Date of first enrolment

21/01/2012

Date of final enrolment

30/04/2015

Locations

Countries of recruitment

Japan

Study participating centre

Department of Urology and Renal Transplantation, Nagasaki University Hospital

1-7-1 Sakamoto Nagasaki City Nagasaki Japan 852-8501

Sponsor information

Organisation

Department of Urology and Renal Transplantation, Nagasaki University Hospital

ROR

https://ror.org/058h74p94

Funder(s)

Funder type

Hospital/treatment centre

Funder Name

Nagasaki University Hospital

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	29/07/2016	30/11/2020	Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes