Tackle the Obstacle

Silohigh

Silodosin 8 mg Tablets

Silohigh-D

Silodosin 8 mg and Dutasteride 0.5 mg Capsules

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Silodosin for the treatment of patients with Benign Prostatic Hyperplasia (BPH)

- A single-center, prospective study
- **Duration:** 24 months
- **Dose:** 8 mg/day
- **Total Patients:** 140

Two Groups:
Small Prostate (SP) group (n=70) - patients with a prostate volume < 40 ml
Large Prostate (LP) group (n=70) - patients with a prostate volume ≥ 40 ml

Changes in subjective symptoms between the two groups of patients who completed the study

	SP group (n=57)		LP group (n=48)	
	Baseline	After 24 months	Baseline	After 24 months
Prostate Volume (ml)	31.7 ± 4.3	34.2 ± 9.4	64.2 ± 18.9	66.2 ± 19.9
IPSS	17.9 ± 5.9	9.7 ± 6.5	19.2 ± 7.1	14.5 ± 7.5
IPSS-storage	7.7 ± 3.0	4.1 ± 2.8	8.3 ± 2.6	5.8 ± 3.1
IPSS-voiding	10.2 ± 4.5	5.6 ± 4.3	10.9 ± 5.1	8.7 ± 4.6
IPSS-QOL	4.8 ± 1.0	2.9 ± 1.1	4.7 ± 0.8	3.7 ± 1.3
BOOI	50.5 ± 16.9	29.9 ± 18.7	71.8 ± 26.6	55.1 ± 33.9
DO case	27/57	10/57	29/48	19/48

IPSS- International Prostate Symptom Score ; QOL- Quality of Life, BOOI-Bladder Outlet Obstruction Index, DO- Detrusor Overactivity
LUTS - Lower Urinary Tract Symptoms

- IPSS, BOOI and DO improved by 44.3%, 43.5%, and 63.0% in the SP group, and 22.6%, 21.1%, and 34.4% in the LP group at 24 months, respectively.

Silodosin significantly improved lower urinary tract functions for 2 years in patients with LUTS/BPH, regardless of prostate size.

Efficacy and Safety of Silodosin and Dutasteride Combination Therapy in Acute Urinary Retention due to Benign Prostatic Hyperplasia

- A Single-Arm Prospective Study
- 80 patients presenting with a painful Acute Urinary Retention (AUR)
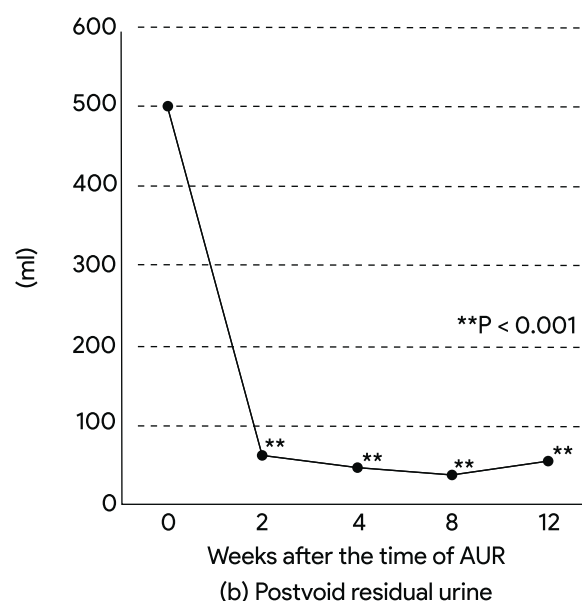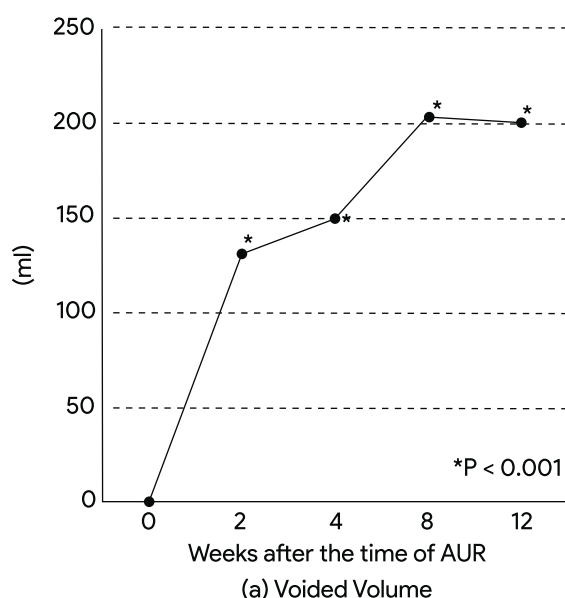- **Duration:** 12 weeks
- **Dosage:** Silodosin 8 mg and Dutasteride 0.5 mg daily
- **Results:**

  The success rate of TWOC at 12 weeks was 88.8%.

  VV and maximum urinary flow rate were significantly higher at 2, 4, 8, and 12 weeks compared with the time of AUR ($P < 0.001$).

  IPSS and IPSS-QOL were significantly lower at 2, 4, 8, and 12 weeks compared with the time of AUR ($P < 0.001$).

(a) Voided Volume

$*P < 0.001$

(b) Postvoid residual urine

$**P < 0.001$

Combination of silodosin and dutasteride therapy is effective and safe for patients with AUR due to BPH.

TWOC-Trial without catheter
VV-Voided volume

Reference: Biomed Res Int. 2016;2016:4975851

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Silodosin 8 mg Tablets | Silodosin 8 mg and Dutasteride 0.5 mg Capsules

Description:

- **Silohigh** contains Silodosin which is an orally available, alpha-1 adrenoreceptor (alpha-1a) selective antagonist. **Silohigh-D** is a combination of Silodosin 8 mg and Dutasteride 0.5 mg. Dutasteride is a 5-alpha reductase inhibitor used in the therapy of symptomatic benign prostatic hypertrophy.

Mechanism of Action:

- Upon administration, Silodosin selectively binds alpha-1a receptors located in the human prostate and bladder with high affinity and blocks the signaling pathways mediated by alpha-1a. Blockade of these receptors causes smooth muscle relaxation, lowers intraurethral pressure, and results in improved urine flow and a reduction in the symptoms of BPH, such as difficulty with urinating, painful urination, urinary frequency and incomplete bladder emptying.

- Dutasteride competitively and specifically binds to isoenzymes 1 and 2 of 5 alpha-reductase, forming stable enzyme complexes and inhibiting the conversion of testosterone to 5 alpha-dihydrotestosterone (DHT); the reduction in DHT activity mitigates or prevents enlargement of the prostate gland.

Indication:

- **Silohigh** is indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH).

- **Silohigh-D** is indicated for the treatment of symptomatic benign prostatic hyperplasia (BPH) in men with an enlarged prostate.

Dose:

- **Silohigh** - 1 tablet once a day or as directed by the doctor.

- **Silohigh-D** - 1 capsule once a day or as directed by the doctor.

I am: _____

Call me on: _____

Mail me at: _____