Chapter 52. Benign Prostatic Hyperplasia, Self-Assessment Questions

1. A uroselective α-adrenergic antagonist inhibits this α-adrenergic receptor in prostatic smooth muscle?
   A. $\alpha_{1A}$
   B. $\alpha_{1D}$
   C. $\alpha_{1B}$
   D. $\alpha_{2A}$
   E. $\alpha_{2B}$

2. Use of a 5α-reductase inhibitor can be expected to reduce the volume of an enlarged prostate gland by this percentage.
   A. 10
   B. 20
   C. 50
   D. 75
   E. 100

3. Use of an α-adrenergic antagonist or a 5α-reductase inhibitor can be expected to have this clinical effect in patients with symptomatic BPH:
   A. Decrease peak urinary flow rate
   B. Increase postvoid residual urine volume
   C. Increase detrusor relaxation
   D. Improve bladder emptying
   E. Increase urinary frequency

4. Which of these agent(s) has/have a low likelihood of causing cardiovascular adverse effects in a patient with BPH who also is receiving antihypertensives for essential hypertension?
   1. Alfuzosin
   2. Tamsulosin
   3. Silodosin
   A. 1 only
   B. 2 only
   C. 3 only
   D. 1 and 3 only
   E. 1, 2, and 3

5. Which one of the following statements about tadalafil’s use for LUTS is correct?

[Type here]
A. It should be dosed on demand or when needed.
B. It is indicated for patients with complications of BPH.
C. It works by causing relaxation of the detrusor muscle.
D. It produces an increase in peak urinary flow rate.
E. It reduces the AUA symptom score by at least 3 points.

6. The benefits of combination treatment with a $5\alpha$-reductase inhibitor and $\alpha$-adrenergic antagonist for BPH includes all of the following except:

   A. Increasing urinary flow rate
   B. Decreasing AUA Symptom Score
   C. Decreasing prostate gland size
   D. Increasing need for prostatectomy
   E. Decreasing risk of acute urinary retention

7. Which one of the following statements about mirabegron’s use for LUTS is correct?
   A. It reduces obstructive voiding symptoms.
   B. It reduces irritative voiding symptoms.
   C. It shrinks an enlarged prostate.
   D. A common adverse effect is erectile dysfunction.
   E. It is contraindicated in patients taking nitrates.

8. Which one of the following agents requires a dosage reduction in a patient with an estimated creatinine clearance of 30 to 40 mL/min (0.50 to 0.67 mL/s)?

   A. Tamsulosin
   B. Alfuzosin
   C. Silodosin
   D. Dutasteride
   E. Finasteride

9. The treatment of choice for a patient with recurrent urinary tract infections and acute urinary retention secondary to BPH is:
   A. $\alpha$-adrenergic antagonist
   B. $\beta_3$-agonist
   C. combination of $\alpha$-adrenergic antagonist and $5\alpha$ reductase inhibitor
   D. prostatectomy
   E. mirabegron plus tadalafil
10. Which one of the following statements about functionally uroselective α-adrenergic antagonists is correct?
   A. Doxazosin and terazosin are pharmacologically uroselective.
   B. Functionally uroselective agents are more likely formulated as controlled release, rather than immediate release.
   C. Uroselective agents are more likely to be effective for treating genitourinary tract disorders than disorders of other organ systems.
   D. Hypotension is more likely to occur with clinically uroselective agents than with non-clinically uroselective agents.
   E. Clinically uroselective agents should not be taken along with a 5α reductase inhibitor.

11. A patient takes doxazosin controlled-release tablets 8 mg orally every day for 1 month. However, he runs out of medication and does not take it for 3 days. Upon resuming his medication, he should:
   A. Restart doxazosin controlled-release tablets 8 mg orally every day
   B. Switch to doxazosin immediate-release tablets, start at 2 mg orally every day and then slowly titrate up
   C. Start doxazosin controlled-release tablets 4 mg orally every day and then slowly titrate up to 8 mg daily over 3 to 4 weeks
   D. Double the dose of doxazosin controlled-release tablets, start at 16 mg orally every day for 3 days, then decrease to 8 mg orally every day
   E. Start doxazosin controlled-release tablets 4 mg orally on day 1, then 4 mg orally twice a day on day 2, then 8 mg orally on day 3 and thereafter

12. Which one of the following side effects of finasteride could be treated with a phosphodiesterase inhibitor?
   A. Gynecomastia
   B. Decreased libido
   C. Erectile dysfunction
   D. Retrograde ejaculation
   E. Hirsutism

13. RR has an AUA Symptom Score of 6. A diagnosis of mild LUTS due to BPH is made. The treatment of choice is:
   A. Watchful waiting
   B. α-Adrenergic antagonist
   C. 5α-Reductase inhibitor
D. Anticholinergic agent  
E. Minimally invasive surgery

14. RR has an AUA Symptom Score of 25. The clinical presentation is consistent with severe BPH. DRE reveals a 25 g (0.9 oz) prostate. The patient has no BPH-related complications. The treatment of choice is:

A. Watchful waiting  
B. α-Adrenergic antagonist  
C. 5α-Reductase inhibitor  
D. α-Adrenergic antagonist + 5α-reductase inhibitor  
E. Transurethral resection of the prostate

15. SS has an AUA Symptom Score of 35 and complains of severe LUTS. DRE reveals a 50 g (1.8 oz) prostate and PSA is 1.9 ng/mL (1.9 mcg/L). The patient has no BPH-related complications. The treatment of choice is:

A. Watchful waiting  
B. α-Adrenergic antagonist  
C. 5α-Reductase inhibitor  
D. α-Adrenergic antagonist + 5α-reductase inhibitor  
E. Transurethral resection of the prostate
Answers

1. A
2. B
3. D
4. E
5. E
6. D
7. B
8. C
9. D
10. B
11. C
12. C
13. A
14. B
15. D