

Chapter 52. Benign Prostatic Hyperplasia, Self-Assessment Questions

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

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- 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 5α -reductase inhibitor and α -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. α -adrenergic antagonist
 - B. β_3 -agonist
 - C. combination of α -adrenergic antagonist and 5α 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 retitrate up
 - C. Start doxazosin controlled-release tablets 4 mg orally every day and then slowly retitrate 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

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- 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