

In **Sexually Active Males** with **LUTS**



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ALFOOTM
Alfuzosin Hcl extended release tablets 10 mg



Restores flow... Restores happiness

Alfuzosin shows similar efficacy to tamsulosin in managing LUTS due to BPH without ejaculatory abnormalities¹



Summary of the study

-  100 Indian patients of LUTS due to BPH were randomly assigned to a group of alfuzosin 10 mg (N=50) or tamsulosin 0.4 mg (N=50) once daily, both without dose titration for 3 months.
-  The outcome measures were uroflowmetry results (Q_{max}, average flow rate, total flow time, and maximum flow time), ultrasonography results (PVR volume and prostate size), Quality of Life (QOL) scores, and International Prostate Symptom Scores (IPSS).

Result:

-  Both alfuzosin and tamsulosin improved LUTS with similar efficacy.
-  6% of patients reported abnormal ejaculation with tamsulosin which was statistically significant compared to **alfuzosin** where **no abnormalities were observed**.

Conclusion:

-  Treatment with both **alfuzosin** and tamsulosin **significantly improved all measures of uroflowmetry, ultrasonography, QOL & IPSS**.
-  Both medications were well tolerated, but ejaculatory abnormalities were observed only in patients taking tamsulosin.

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Abridge Prescribing Information

ALFOO (Alfuzosin Hydrochloride Extended-Release Tablets 10 mg)

Composition: Each uncoated extended-release tablet contains: Alfuzosin Hydrochloride BP 10 mg. **Indications:** For the treatment of the signs and symptoms of benign prostatic hyperplasia [BPH]. **Dosage & administration:** The recommended dosage is 10 mg daily to be taken immediately after the same meal each day. **Contraindications:** Patients with moderate or severe hepatic insufficiency, co-administration with potent CYP3A4 inhibitors, known hypersensitivity to alfuzosin or any other ingredients of the formulation.

Warnings and Precautions: Care should be taken when alfuzosin HCl is administered to patients with symptomatic hypotension or patients who have had a hypotensive response to other medications. If symptoms of angina pectoris should newly appear or worsen, alfuzosin HCl extended-release tablets should be discontinued. Use with caution in patients with history of QT prolongation or on medications that prolong QT interval. **Use in specific populations:** Impaired Liver Function: Alfuzosin should not be given to patients with moderate or severe hepatic insufficiency. Impaired

Kidney Function: Systemic exposure is increased by approximately 50% in patients with mild, moderate and severe renal insufficiency. Caution is advised in patients with severe renal dysfunction. Elderly Patients: No dose adjustment is necessary in the elderly as no overall differences in safety or efficacy were observed in clinical studies. Pregnant or Lactating Women: Alfuzosin HCl is not indicated for use in women. **Adverse Reactions:** The most common adverse events include dizziness, headache, fatigue, upper respiratory tract infection.

Overdosage: In cases of overdose leading to hypotension, support of the cardiovascular system is of first importance.

Date: 8th March 2019

Further information is available on request