

# BENİGN PROSTAT HİPERPLAZİSİNDE HİPERTANSİYON TEDAVİSİ

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## GİRİŞ

65 yaş üstü erkek nüfusun oranı artmaya devam ettikçe, benign prostat hiperplazili hipertansiyonu olan erkeklerin sayısında artması muhtemeldir. Morbidite ve mortalite oranlarını azaltmak için hipertansiyonu en iyi şekilde tedavi etmek önem arz etmektedir. Klinik denemelerin sonuçlarından elde edilen kanıtlar, alfa 1 antagonistlerin birinci basamak antihipertansif olarak kullanılmaması gerektiğini göstermektedir. Önceleri bazı klinisyenler benign prostat hiperplazili hipertansiyon hastalarında alfa 1 antagonist monoterapisini önermiş olsada, son klavuzlar en uygun farmakolojiyle bağımsız tedaviyi önermektedir. Zira klinisyen hipertansiyonlu hastalarda alfa 1 antagonistlerin potansiyel yan etkilerinin farkında olmalıdır. Altmış yaş üstü tüm erkeklerin yaklaşık % 25- 30' unda benign prostat hiperplazisi ve hipertansiyon eş zamanlı görülmektedir (1-2). Benign prostat hiperplazisi ve eşlik eden hipertansiyonun yüksek insidansını açıklayan bir hipotez, bu iki durumun ortak patofizyolojik mekanizmalara sahip olabileceğini öngörmektedir. Hem benign prostat hiperplazisi hemde hipertansiyon gelişiminde artan sempatik aktivite rol oynamaktadır (3). İlerleyen yaşla birlikte artan sempatik noradrenalin aktivitesi kardiyak beta adrenerjik reseptörlerle kalp atış hızını, alfa 1 adrenerjik reseptörlerle toplam periferik direnci arttırarak kan basıncını yükseltir (4-5). Dahası sempatik sinir aktivitesinin prostatik düz kas kasılmasına sebep olduğu bilinmektedir. Otonom sinir sisteminin artmış sempatik bileşeninin aracılık ettiği prostatik çıkış obstrüksiyonu alt üriner sistem semptomlarının dinamik bileşenini oluşturur ve çıkış obstrüksiyonunun yarısından sorumludur (6). Birçok araştırmacı alfa 1 adrenerjik reseptör antagonist tedavisinin prostatik düz kasın kasılmasında azalma yoluyla alt üriner sistem semptomlarını iyileştirdiğini bildirmiştir. Moleküler çalışmalar alfa 1 adreno reseptörlerin Alfa 1A, Alfa 1B, Alfa 1D olmak üzere üç alt tipini tanımlamıştır (7-8). Alfa 1A' nın prostat ve mesane boynundaki düz kas tonusuyla, Alfa 1B' nin vasküler düz kas tonusuyla, Alfa 1D' nin mesane kası tonusu ve sakral

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