Combination therapy to relieve storage symptoms

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Vesomni, a modified-release formulation, can significantly relieve storage symptoms in men for whom monotherapy has proved insufficient.

**KEY POINTS**

- Vesomni is a modified-release formulation combining tamsulosin 0.4mg and solifenacin 6mg.
- It is licensed for the treatment of moderate to severe storage symptoms and voiding symptoms associated with benign prostatic hyperplasia (BPH) when monotherapy is not adequate.
- In one trial, Vesomni relieved overall urgency and frequency symptoms significantly more than modified-release tamsulosin monotherapy and was non-inferior for relief of BPH-related symptoms as a whole.
- Adverse effects are typical of the component drugs and include dry mouth and constipation.
- A month’s treatment costs £27.62.

**Steve Chaplin**

NICE guidance on drug treatment for lower urinary tract symptoms in men recommends an alpha-blocker for those with moderate to severe symptoms. If storage symptoms persist, an antimuscarinic agent may be added. Tamsulosin is the most frequently prescribed alpha-blocker and solifenacin the most frequently prescribed antimuscarinic in primary care in England.²

**Vesomni**

Vesomni is a modified-release formulation combining tamsulosin 0.4mg and solifenacin 6mg. It is licensed for the treatment of moderate to severe storage symptoms (urgency, increased micturition frequency) and voiding symptoms associated with benign prostatic hyperplasia (BPH) in men for whom monotherapy is insufficient.

The recommended dose is one tablet once daily. All of the precautions required for treatment with an alpha-blocker or an antimuscarinic apply to Vesomni. No dose modification is required for patients with mild to moderate impairment of renal function or mild hepatic impairment. Vesomni should be used with care in patients with severe renal impairment or moderate hepatic impairment. It is contraindicated in patients with severe hepatic impairment. Caution is also required in patients taking a moderate or strong inhibitor of hepatic CYP3A4 enzymes, such as verapamil.

**Clinical trials**

Evidence for the efficacy and safety of Vesomni is provided by the NEPTUNE trial.³ This 12-week trial randomised 1334 men (mean age 65) with moderate to severe storage symptoms and voiding symptoms to receive placebo or treatment with modified-release (m/r) tamsulosin 0.4mg/day alone or in combination with solifenacin 6mg or 9mg/day.

The primary endpoints were change in total International Prostate Symptom Score (IPSS), a measure of symptoms associated with BPH, and the Total Urgency and Frequency Score (TUFS). The trial was designed to determine superiority over placebo and non-inferiority for IPSS and superiority for TUFS compared with m/r tamsulosin monotherapy. The results for the solifenacin 6mg dose are summarised here.

Vesomni was significantly superior to placebo for change in IPSS and TUFS; it was significantly superior to m/r tamsulosin for TUFS and non-inferior for IPSS. Compared with placebo and tamsulosin m/r, Vesomni significantly reduced the number of micturitions by about one per 24 hours (baseline 11–12) and increased mean volume voided by almost 30ml (baseline 310–320ml). It
significantly reduced the number of urgency episodes by about one per 24 hours compared with placebo but not m/r tamsulosin (baseline 5–6). Neither drug reduced the number of daily incontinence episodes compared with placebo; Vesomni slightly but significantly reduced nocturia episodes by 0.2 compared with placebo (baseline 2–3).

Vesomni significantly improved quality of life scores compared with placebo and, with the exception of symptom bother, also compared with m/r tamsulosin.

**Adverse effects**
Adverse effects associated with Vesomni are typical of the component drugs, the most frequent being dry mouth (8 per cent versus 1.2 per cent with placebo and 0.3 per cent with m/r tamsulosin), constipation (2.7 vs 0.3 per cent each) and dyspepsia (1.8 vs 0.3 per cent each). 3

**References**

**Declaration of interests**
None to declare.

Steve Chaplin is a pharmacist who specialises in writing on therapeutics

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**Place in therapy**

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The combination of tamsulosin 0.4mg and solifenacin 6mg for the management of male patients with lower urinary tract symptoms (LUTS) associated with benign prostate hyperplasia (BPH) makes good clinical sense and now has adequate evidence to confirm its safety and efficacy. While the alpha-blocker tamsulosin has been deployed over many years for the management of BPH-associated LUTS, the use of an anticholinergic agent, such as solifenacin, for the management of the frequency and urgency component is a more recent development. Anxieties about the risks of precipitating acute urinary retention with anticholinergics have not been realised and increasingly agents such as solifenacin have been deployed as second-line treatment.

Over the past decade, men with BPH-associated LUTS have been initially treated with an alpha-blocker. Those with a larger prostate are also candidates for second-line treatment with a 5 alpha-reductase inhibitor such as finasteride or dutasteride, as these agents have been shown to prevent the progression of BPH and reduce the incidence of acute urinary retention, as well as the risk of surgery.

While this form of combination therapy has become popular, patients managed in this way often continue to suffer bothersome symptoms, particularly frequency and urgency, and this provides the rationale for the addition of an anticholinergic agent, which can effectively relieve these storage symptoms.

Now those patients with BPH-associated LUTS who are particularly troubled by frequency and urgency can be initially treated with a combination of tamsulosin and solifenacin with a single tablet. It seems likely that this combination tablet will be increasingly utilised.

**Declaration of interests**
None to declare.

Professor Kirby is director of The Prostate Centre, London