



Alpha-blockers are widely used in medical expulsion therapy for ureteral stones besides management of lower urinary tract symptoms

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Dear Editor,

I read the article ‘Continuation rates of alpha-blockers mono-therapy in adult men, prescribed by urologists or general practitioners: a pharmacy-based study’ by Hordijk et al. [1] with great interest. In their retrospective cohort study, the authors aimed to compare the continuation rates of α -blockers prescribed by general practitioner or urologist. They found that the discontinuation rate of α -blockers prescribed by an urologist was significantly higher than prescribed by a general practitioner, 66.1% versus 60.3%, $p < 0.001$. They also reported that the discontinuation rate was highest in the youngest patient group. As the authors stated, this might be useful in establishing successful health policies. However, I would like to highlight some issues.

First of all, this is a retrospective study and data were extracted from the University of Groningen IADN.nl prescription database. Nevertheless, this database does not contain any information other than age and sex. But, the indication for the treatment is vital for this study. As it is well known, α -blockers are the treatment of choice in male lower urinary tract symptoms [2]. In addition, α -blockers are widely used for medical expulsion therapy for ureter stones [3]. Although there is no certain duration of treatment, generally they are used for 3–4 weeks [4]. In the current study, discontinuation rate of α -blockers was higher in patients aged between 30 and 49 years. This age range is a bit low for prescription of α -blockers for LUTS [2] and might be a consequence of medical expulsion therapy. Therefore, to

my opinion, the results of this study must be considered confusing.

Sincerely yours.

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Compliance with ethical standards

Conflict of interest The author declares that he has no conflict of interest.

Ethical approval This article does not contain any studies with human participants performed by the author.

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