

Finasteride

11-May-2020

● **DRUG ACTION** A specific inhibitor of the enzyme 5 α -reductase, which metabolises testosterone into the more potent androgen, dihydrotestosterone.

● INDICATIONS AND DOSE

Benign prostatic hyperplasia

► BY MOUTH

- Adult: 5 mg daily, review treatment at 3–6 months and then every 6–12 months (may require several months treatment before benefit is obtained)

Androgenetic alopecia in men

► BY MOUTH

- Adult: 1 mg daily, continuous use for 3–6 months is required before benefit is seen, and effects are reversed 6–12 months after treatment is discontinued

IMPORTANT SAFETY INFORMATION

MHRA/CHM ADVICE: RARE REPORTS OF DEPRESSION AND SUICIDAL THOUGHTS (MAY 2017)

The MHRA has received reports of depression and, in rare cases, suicidal thoughts in men taking finasteride (*Propecia*®) for male pattern hair loss; depression is also associated with *Proscar*® for benign prostatic hyperplasia. Patients should be advised to stop finasteride immediately and inform a healthcare professional if they develop depression.

- **CAUTIONS** Obstructive uropathy
- **SIDE-EFFECTS**
 - **Common or very common** Sexual dysfunction
 - **Uncommon** Breast abnormalities · skin reactions
 - **Frequency not known** Angioedema · depression · infertility male · palpitations · testicular pain
- **CONCEPTION AND CONTRACEPTION** Finasteride is excreted in semen and use of a condom is recommended if sexual partner is pregnant or likely to become pregnant.
- **EFFECT ON LABORATORY TESTS** Decreases serum concentration of prostate cancer markers such as prostate-specific antigen; reference values may need adjustment.
- **HANDLING AND STORAGE** Women of childbearing potential should avoid handling crushed or broken tablets of finasteride.
- **PATIENT AND CARER ADVICE** Cases of male breast cancer have been reported. Patients or their carers should be told to promptly report to their doctor any changes in breast tissue such as lumps, pain, or nipple discharge.
- **NATIONAL FUNDING/ACCESS DECISIONS**

NHS restrictions Finasteride is not prescribable in NHS primary care for the treatment of androgenetic alopecia in men.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: oral suspension, powder

Tablet

CAUTIONARY AND ADVISORY LABELS 25

► Finasteride (Non-proprietary)

Finasteride 1 mg Finasteride 1mg tablets | 28 tablet [PoM] £16.72-

£28.63 | 84 tablet [PoM] £88.40

Finasteride 5 mg Finasteride 5mg tablets | 28 tablet [PoM] £11.85

DT = £1.59

► Propecia (Merck Sharp & Dohme Ltd)

Finasteride 1 mg Propecia 1mg tablets | 28 tablet [PoM] £33.68 |

84 tablet [PoM] £88.40

► Proscar (Merck Sharp & Dohme Ltd)

Finasteride 5 mg Proscar 5mg tablets | 28 tablet [PoM] £13.94 DT =

£1.59

1.3 Urolithiasis

Renal and ureteric stones

03-Apr-2019

Description of condition


Renal and ureteric stones are crystalline calculi that may form anywhere in the upper urinary tract. They are often asymptomatic but may cause pain when they move or obstruct the flow of urine. Most stones are composed of calcium salts (calcium oxalate, calcium phosphate or both). The rest are composed of struvite, uric acid, cystine and other substances. Patients are susceptible to stone formation when there is a decrease in urine volume and/or an excess of stone forming substances in the urine.

The following are risk factors that have been associated with stone formation: dehydration, change in urine pH, males aged between 40–60 years, positive family history, obesity, urinary anatomical abnormalities, and excessive dietary intake of oxalate, urate, sodium, and animal protein. Certain diseases which alter urinary volume, pH, and concentrations of certain ions (such as calcium, phosphate, oxalate, sodium, and uric acid) may also increase the risk of stone formation. Certain drugs such as calcium or vitamin D supplements, protease inhibitors, or diuretics may also increase the risk of stone formation.

Symptoms of acute renal or ureteric stones can include an abrupt onset of severe unilateral abdominal pain radiating to the groin (known as renal colic) that may be accompanied with nausea, vomiting, haematuria, increased urinary frequency, dysuria and fever (if concomitant urinary infection is present).

Stones can pass spontaneously and will depend on a number of factors, including the size of the stone (stones greater than 6 mm have a very low chance of spontaneous passage), the location (distal ureteral stones are more likely to pass than proximal ureteral stones), and the degree of obstruction.

Aims of treatment


[EvGr] The aim of treatment is to improve the detection, clearance and prevention of renal and ureteric stones thereby reducing pain and improving quality of life. 

Non-drug treatment

[EvGr] Consider watchful waiting for asymptomatic renal stones if they are less than 5mm in diameter. If they are larger; the risk and benefit of this option should be discussed with the patient.

Options for surgical stone removal should be discussed by the specialist hospital team depending on severity of obstruction, patient factors, size and site of stone. Options include shockwave lithotripsy, percutaneous nephrolithotomy and ureteroscopy.

Consider stone analysis and measure serum calcium in patients with recurring renal or ureteric stones.

Along with maintaining a healthy lifestyle, advise patients to drink 2.5–3 litres of water a day with the addition of fresh lemon juice and to avoid carbonated drinks. Maintain a normal daily calcium intake of 700–1,200mg and salt intake of no more than 6g a day. For patients with recurrent calcium stones avoid excessive intake of oxalate-rich products, such as rhubarb, spinach, cocoa, tea, nuts, soy products, strawberries, and wheat bran. For patients with recurrent uric acid stones, avoid excessive dietary intake of urate rich products, such as liver, kidney, calf thymus, poultry skin, and certain fish (herring with skin, sardines and anchovies). 

Pain Management

[EvGr] Offer NSAIDs as first line treatment for the management of pain associated with suspected renal colic or