# SILOSOSIN KEY POINTS

## INTRO
- Alpha-1A selective receptor antagonist
- Highly selective: Alpha-1A: alpha1B selectivity ratio - 583
- FDA approved in Oct 2008

## MOA
- Acts on prostate and urethral contraction

## P/K
- Onset of action: 26 h
- Bioavailability: 32%
- T1/2: 11 h for Silodosin and 18 h for its glucuronide conjugate
- Food delays the time to Cmax
- Metabolism not affected by age or renal impairment

## INDICATION
- Benign prostatic hyperplasia to relieve LUTS

## ADVANTAGES
- No effects on heart rate, blood pressure and QRS duration/QTc prolongation
- Less incidence of postural hypotension and dizziness
- Strongly effective against symptoms and obstruction as measured by pressure flow study
- No significant drug interactions with phosphodiesterase inhibitors and antihypertensive medicine
- Effects superior to Tamsulosin in symptoms of frequent urination, incomplete urination and nocturia

## DRUG INTERACTIONS
- Protease inhibitors: Ritonavir and Ketoconazole, Itraconazole, Clarithromycin and Verapamil through CYP3A4 increase concentration
- P-glycoprotein [p-gp] inhibitors like Ketoconazole and cyclosporine increase concentration

## CONTRAINDICATIONS
- Severe renal disease (e.g., clearance <30 ml/min
- Hepatic disease (e.g., Child-Pugh ratio ≥ 10)

## SIDE EFFECTS
- Retrograde ejaculation 23.6%
- Dizziness
- Orthostatic hypotension
- Nasal congestion, nasopharyngitis
- Headache
- Diarrhea
- Floppy iris syndrome-pupillary constriction, fluttering and billowing of iris stroma together with the tendency of the iris to prolapsed during cataract surgery—more common in Tamsulosin than Silodosin

## DOSE
- 2-4 mg OD with a meal
- Maximum 8 mg OD