

# Use of drug therapy in the management of symptomatic ureteric stones in hospitalised adults: a multicentre, placebo-controlled, randomised controlled trial and cost-effectiveness analysis of a calcium channel blocker (nifedipine) and an alpha-blocker (tamsulosin) (the SUSPEND trial)

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## Plain English summary

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## Plain English summary

About 5% of people suffer from kidney stones that pass down the urine drainage tube (ureter) into the urinary bladder and cause episodes of severe pain (ureteric colic). People with ureteric colic have to attend hospital for pain relief and diagnosis. Although most stones smaller than 10 mm eventually reach the bladder and are passed during urination within 4 weeks, some get stuck and have to be removed using telescopic surgery or shockwave therapy. Previous studies suggest that if people with ureteric colic are treated with drugs that relax the ureter, such as tamsulosin hydrochloride (Petyme, TEVA UK Ltd) or nifedipine (Coracten®, UCB Pharma Ltd), they are more likely to pass their stone without any further procedures. To see if these drugs really work, we carried out a study involving over 1000 patients with ureteric colic. We divided the patients who agreed to take part into three groups, which were treated with either tamsulosin, nifedipine or placebo (pill without active ingredients) for 4 weeks. The treatment each person received was decided by a computer program (random allocation), and the patients and the doctors caring for them did not know which treatment they were taking. We counted how many patients in each group had further procedures to remove the stone. We found that eight out of every 10 (80%) patients in all the groups did not need any procedures during the 4 weeks, with no differences between the tamsulosin, nifedipine and placebo groups. Our conclusion was that giving tamsulosin or nifedipine for 4 weeks to people with ureteric colic is not worthwhile.



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