

ANTICHOLINERGIC CHANGE IN PERSISTANT OVERACTIVE BLADDER IMPROVES THE SYMPTOMS AND URODYNAMIC FINDINGS

Hypothesis / aims of study

Response of patients who have OAB to different anticholinergics (AC) is heterogenous. In patients whose symptoms do not relieve with first line AC treatment, changing AC is a common optional procedure in the management of OAB. Aim of the study is to assess the efficacy of AC changing on the OAB symptoms, frequency and urodynamic outcomes.

Study design, materials and methods

In between the years of 2011-2014, medical records of 367 patients who had OAB were retrospectively evaluated. Of the patients, 39 had refractory symptoms to the first AC treatment for 6 weeks and their AC treatments were changed. They underwent second AC treatment for a 6 weeks period too. All patients underwent urodynamic evaluations after first and second AC medication. Voiding diary and the urodynamic findings were evaluated retrospectively. All of the urodynamic studies were performed and evaluated by a single physician. Paired-Samples T test was utilized to statistically compare the outcomes of urodynamic between the first and second treatment.

Results

Mean age of the 39 patients (8 males, 31 females) was 48.1 (18-77). During the study, propiverine, solifenacine, tolterodine and trospium were used. After the first treatment, the patients whose symptoms did not relieve with first AC drug, were treated with another one. The mean functional (FC) and cystometric capacities (CC) did not change with a significant difference (Table). However, Detrusor Leak Point Pressure (DLPP) increased from 8,13 to 42,4 cm/H₂O, voiding frequency decreased from 9,59 to 8,13 significantly (p<0,005) (Table 1).

Interpretation of results

Changing the AC in management of OAB may achieve rehabilitation of patients with persistant symptoms. Based on our study, no significant alteration of FC and CC provided by AC change, however DLPP and frequency may predict the improvement of the AC change with patients refractory to the first AC. This could explain the relationship between the relief of patients and DLPP.

Concluding message

The efficacy of the ACs in the treatment of OAB change in a wide spectrum. Changing the AC in refractory OAB to the first AC, provides improvement of the symptoms, reduces the frequency. Furthermore, it has a strong relationship with increase in DLPP.

Parameters	First Urodynamics	Second Urodynamics	P
	<i>Mean± sd</i>	<i>Mean±sd</i>	
FC	429,48±259,66	425,51±251,2	0,919
CC	273,78±181,4	316,17±169,09	0,164
Frequency	9,59±2,92	8,13±2,70	0,000
DLPP	8,13±2,7	42,41±17,80	0,001

Table 1: Comparison of the parameters between first and second urodynamic studies.

Disclosures

Funding: There are no financial or commercial interests **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics not Req'd:** retrospective study and only used urodynamic records. **Helsinki:** Yes **Informed Consent:** No