

## MID-TERM RECURRENCE RATE AND RE-TREATMENT IN FEMALE PATIENTS WITH OVERACTIVE BLADDER SYMPTOMS

### Hypothesis / aims of study

To determine the recurrence rate as well as the pretreatment factors affecting re-treatment after completion of initial antimuscarinic treatment in female patients with overactive bladder (OAB) symptoms

### Study design, materials and methods

Between July 2003 and June 2008, a total of 147 female patients were treated with antimuscarinic agent for OAB symptoms. We analyzed various pretreatment factors such as age, parity, symptom duration, voiding frequency and urgency severity on voiding diary, PVR, Qmax, and so on. Also, we performed telephone interview to obtain post-treatment information from the patients. All patients were classified into 2 groups; no further treatment and re-treatment groups. We compared two groups for the baseline parameters.

### Results

41 patients were excluded from final analysis due to combination treatment of  $\alpha$ -blocker and anticholinergic. Finally, 106 were eligible for analysis. Mean age was 52.5 (18-75) years and mean follow-up duration was 32.7 (4-68) months. Of the 106 patients, 69 (65.1%) recurred after treatment, and time to recurrence was about 6 weeks (1-14). The re-treatment rate was 56.5% (39/69) of recurred patients. Re-treated patients had significantly higher initial IUSS (Indevus urgency severity score) than those requiring no further treatment ( $p=0.035$ ). However, there were no statistic differences between two groups in term of age, parity, pretreatment symptom duration, daily voiding frequency, nocturia, maximal voided volume and pretreatment PVR.

### Interpretation of results

The recurrence rate was high and the baseline urgency severity would be most important factor to predict possibility of re-treatment.

### Concluding message

Our study reveals that two-thirds of the female patients with OAB symptoms, in mid-term follow-up, recur after primary antimuscarinic treatment. Our data also suggest that the baseline urgency severity would be a factor to predict possibility of re-treatment.

<b>Specify source of funding or grant</b>	none
<b>Is this a clinical trial?</b>	No
<b>What were the subjects in the study?</b>	HUMAN
<b>Was this study approved by an ethics committee?</b>	Yes
<b>Specify Name of Ethics Committee</b>	Ethics committee of Chonbuk National University Hospital
<b>Was the Declaration of Helsinki followed?</b>	Yes
<b>Was informed consent obtained from the patients?</b>	Yes