

THE USE OF BOTULINUM TOXIN A IN REFRACTORY NON-NEUROGENIC OVERACTIVE BLADDER IN THE ELDERLY: A PROSPECTIVE REVIEW OF INTERMEDIATE TERM OUTCOME WITH QUALITY OF LIFE OUTCOME ASSESSMENT.

Hypothesis / aims of study

To evaluate the efficacy of botulinum toxin A (BTX-A) in idiopathic non-neurogenic overactive bladder (OAB) in the elderly population.

Study design, materials and methods

All drug refractory non-neurogenic OAB patients over the age of 65 years old who received intravesical BTX-A over a 5 year period were recruited prospectively. Patient demographics, voiding diary and urodynamics studies were recorded. King's Health Questionnaires (KHQ) was completed pre and post therapy at 3, 6 and 9 months. The primary end point assessments were number of urgency and urge incontinence as well as quality of life outcomes. All adverse events were also documented.

Results

A total of 22 patients (5 men, 17 women) with the mean age of 71.8 (65 to 84) years old and a mean follow up was 29.2 (16 to 54) months, were recruited during the 5 years period. No significant adverse side effects or mortality were documented. Two patients (9%) developed a temporary increase in post void residuals requiring short-term catheterisation (<5 days).

Majority of patients (76%) demonstrated significant improvement with regards to their KHQ scores pre and post BTX administration ($p < 0.001$) with the symptomatic benefits diminishing at subsequent 6 and 9 months follow up ($p > 0.05$). Most patients (80%) reported recurrence of OAB symptoms at the 6 months follow up visit, necessitating reintroduction of anti-cholinergic therapy for symptomatic control.

Significant reduction was noted in storage symptoms specifically of frequency, nocturia, urge and urge incontinence ($p < 0.001$). The improvement in stress incontinence and bladder pain were not significant ($p > 0.05$). The functional bladder capacity increased from 210.7 (100 to 360) mls to 370.5 (200 to 450) mls while the number of pad use decreased from 3.6 (2 to 7) pads to 0.85 (0 to 2) pad ($p < 0.001$).

Interpretation of results

Our results indicate that BTX-A treatment appears to be safe and well tolerated in the elderly population. Furthermore there was significant improvement in patient quality of life outcomes, storage symptoms and bladder capacity as well as decreased numbers of pad use following BTX-A administration.

Concluding message

With a mean intermediate follow-up of over 29 months, BTX-A treatment appears to be effective, safe, and well tolerated in the geriatric population and most patients electing for repeated treatments.

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** University of Sydney/Concord Repatriation General Hospital **Helsinki:** Yes **Informed Consent:** Yes