

COMPARISON OF THE CLINICAL EFFECT OF DIFFERENT THERAPIES FOR PROVEN DETRUSOR OVERACTIVITY

Hypothesis / aims of study

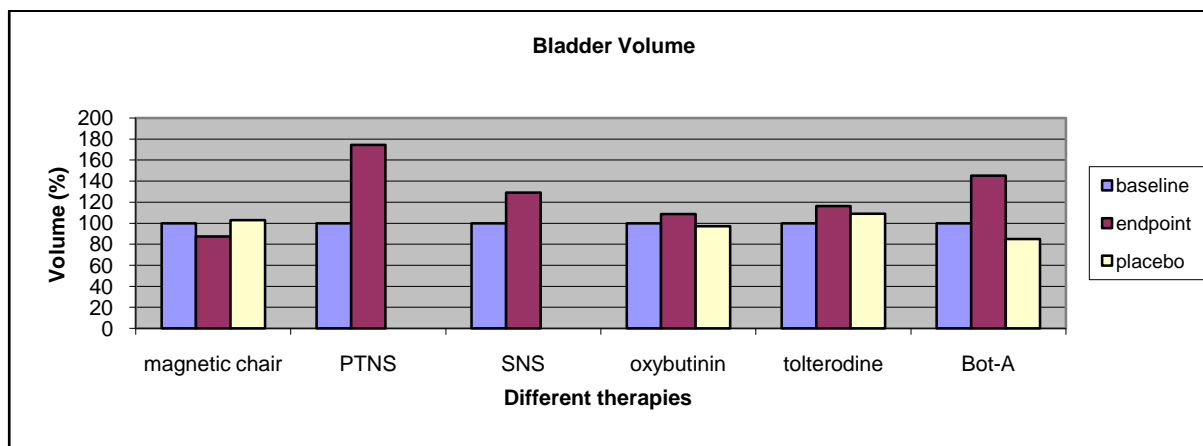
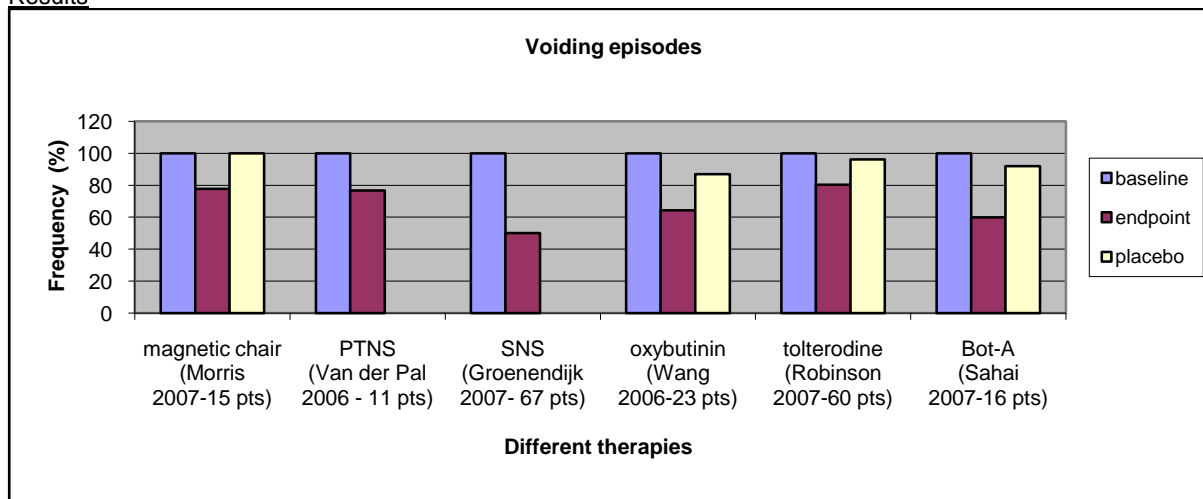
Objective assessment, such as urodynamic investigation, can help determine the underlying cause of Detrusor Overactivity (DO), but it will not predict the subjective outcome [1]. Since behavioral therapy has limited place in the treatment of DO, additional therapy is needed [2].

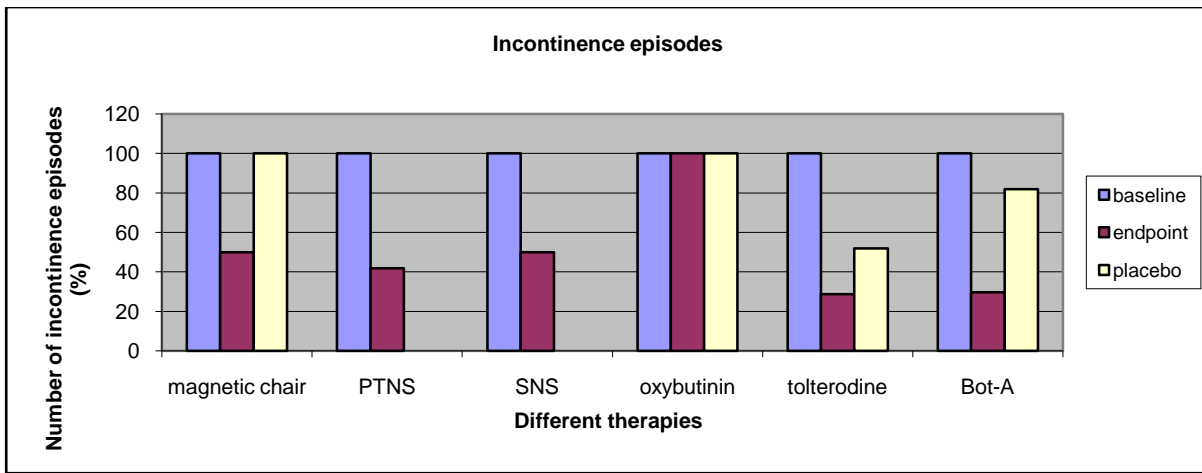
Outcome parameters for various DO treatments are assessed in many different ways that obscure the clinical effects of the therapies. We want to compare different therapies for detrusor overactivity with respect to voiding diary parameters.

Study design, materials and methods

Pubmed was searched with the words 'detrusor overactivity' AND 'urodynamic' or 'voiding diary' AND 'treatment'. We selected one article per chosen therapy and only those articles which could be evaluated for the same three parameters and -if possible- included a placebo arm. The parameters were; number of voiding episodes, number of incontinence episodes, the bladder volume (capacity obtained from micturition diary or from urodynamic investigation). All patients had urodynamically proven (Idiopathic) Detrusor Overactivity. The evaluation of the therapy happened at 6 weeks (PTNS, tolterodine), at 12 weeks (magnetic chair, oxybutinin and Bot-A) and at 6 months (SNS). We present here the relative effect (%) of the treatments.

Results





Interpretation of results

SNS, oxybutinin and Bot-A have the best effect on the number of voiding episodes, while the magnetic chair, PTNS and tolterodine have an improvement of approximately 20%. Bladder capacity increases the most with PTNS, PNE and Bot-A. All, but oxybutinin, have at least 50% decrease of incontinence episodes.

Concluding message

There are many reasons why comparison of treatments for detrusor overactivity is difficult. Often the studies evaluated different endpoints: clinical or urodynamical parameters, seldom both or only partial. They included different groups and varying numbers of patients. The results are analysed and presented in many ways. Not every study has a placebo-arm.

Of course we have a selection bias by only selecting recent articles with IDO patients; not all existing therapies (e.g. all anticholinergics) are represented here.

Nevertheless, it is clear that the outcome of the therapies is different and that treatment has to be and can be tailored to the individual patient

References

1. Assessment of treatment outcomes in patients with overactive bladder: importance of objective and subjective measures. P Abrams, W Artibani, JB Gajewski, I Hussain. Urology 2006;68(2A): 17-28
2. Behavioral therapies for overactive bladder. JL Milne. J WOCN 2008; 35(1): 93-101

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Is this a clinical trial?	No
What were the subjects in the study?	NONE