THE EFFICACY OF INTRAVESICAL INJECTION OF BOTULINUM TOXIN (BONT-A) FOR IDIOPATHIC OVER-ACTIVE BLADDER SYNDROME.

Aims: Several studies have shown the value of Botulinum toxin in the management of neurogenic detrusor over-activity due to spinal cord injury, but its use in the treatment of idiopathic over-active bladder syndrome is less well recognised, where management primarily has been with anti-cholinergic medication. Variable response, resistance and undesirable side effects invite recourse to an alternative therapy. The aim of this study was to select patients with clinically proven over-active bladder syndrome resistant to anticholinergics for treatment with intravesical injection of Botulinum Toxin Type A (BoNT-A). Assessment of efficacy was by the use of the King's Health Questionnaire (KHQ) supported by urodynamic studies. The King's health questionnaire is a validated questionnaire that measures the impact on quality of life and symptomatology across ten domains.1

Patients and Methods: Sixteen patients, aged 29 to 76 years, with clinical over-active bladder syndrome, resistant to anti-cholinergic medication, were entered into a prospective study to investigate the efficacy and safety of intravesical injection of Botulinum toxin (BoNT-A 500 units). The response to treatment was assessed by changes in the KHQ score, Frequency/volume diary, urodynamic studies and patient satisfaction, at 6, 12 and 24 weeks after injection.

Results & interpretation: A significant reduction in the KHQ score was seen at 4 weeks in 2 patients, at 12 weeks in 6 patients and at 24 weeks in 6 patients. Maximum improvement in patient-satisfaction occurred earlier; at 6 weeks in 7 patients, at 12 weeks in 2 and at 24 weeks in 5 patients. There was a corresponding change in the frequency/volume diary and improvement in urodynamic parameters studied. Two patients voluntarily withdrew from the study. There were no specific untoward side-effects of treatment.

Concluding message: Intra-vesical Botulinum toxin injection is an effective and safe treatment for the idiopathic over-active bladder where conventional anti-cholinergic medication has failed. Treatment may be repeated if necessary.

References