# BMI & Botox: Efficacy of intravesical botox for management of OAB is not affected by BMI.

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## Background

The association between obesity and urinary incontinence is well-recognised, however the influence of obesity on treatment efficacy is poorly understood. We hypothesised that high Body Mass Index (BMI) has a negative impact on treatment outcomes following intradetrusor Botulinum Toxin A (BoNT/A) injection for refractory Overactive Bladder (OAB).

## Methods

Retrospective cohort study of women who received at least one BoNT/A injection for the treatment of refractory OAB between August 2013 and January 2023. All patients completed the International Consultation on Incontinence Questionnaire – Overactive Bladder (ICIQ-OAB) questionnaire before and six months after treatment.

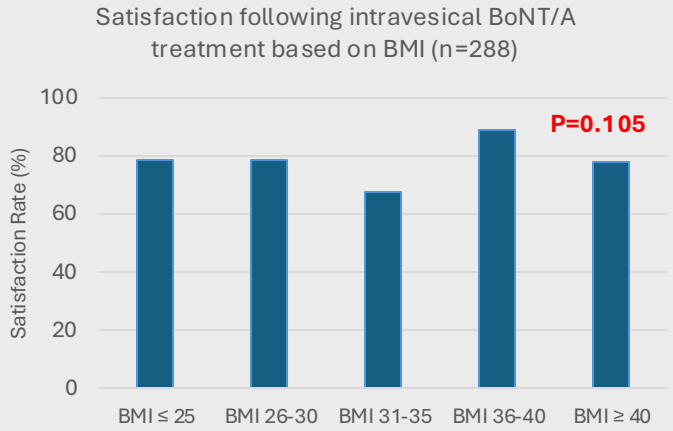
- The primary outcome was the impact of BMI on pre- and post-treatment ICIQ questionnaire scores and treatment satisfaction.
- Secondary outcome was the impact of BMI on duration of treatment efficacy.

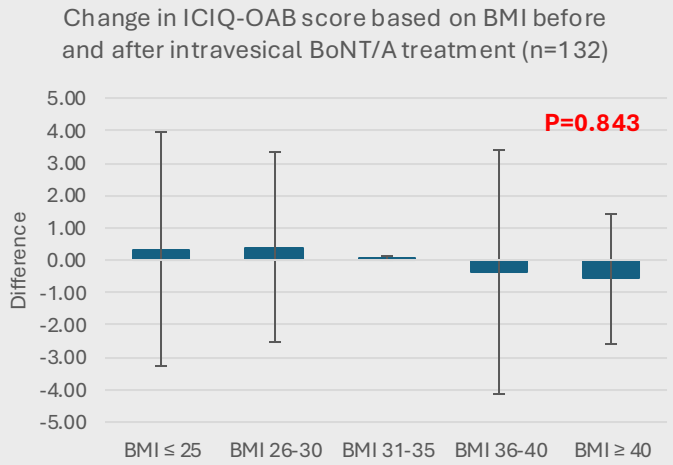
## Implications

These results show that there is no statistically significant difference in either objective or subjective outcome measures, or duration of efficacy of intravesical BoNT/A for the treatment of refractory OAB symptoms based on BMI.

Intravesical BoNT/A should not be excluded/rationalised as a treatment option on the basis of BMI alone.

## Results




Duration of efficacy of intravesical BoNT/A based on BMI (n= 335)

| | BMI ≤ 25 | BMI 26-30 | BMI 31-35 | BMI 36-40 | BMI ≥ 40 |
|---|---|---|---|---|---|
| Duration of efficacy (days) | 262.53± 270.41 | 179.67± 218.19 | 195.86± 298.45 | 205.54± 247.58 | 146.37±209.67 |

*P=0.187