# Cognitive effect of pharmacological treatment in patients with overactive bladder

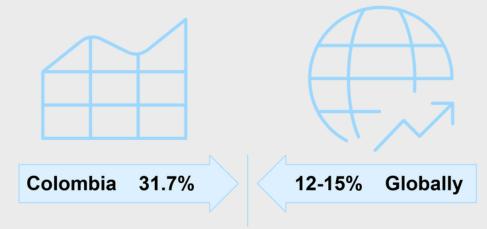
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#### INTRODUCTION

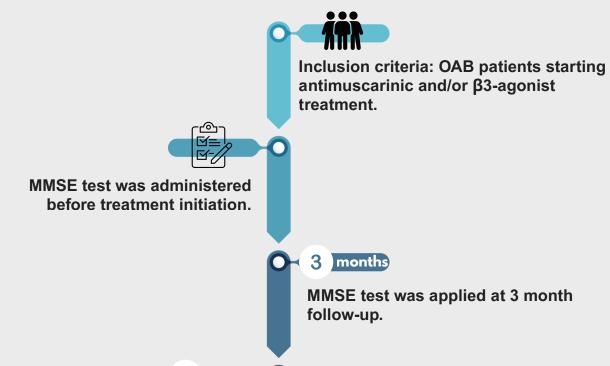
## **OAB Prevalence**



#### **MATERIALS AND METHODS**

MMSE test was applied at 6

month follow-up.



The change  $(\Delta)$  in MMSE scores was

calculated by comparing baseline and

follow-up results, and the association

between MMSE score variations and

exposure factors was analyzed.

#### **RESULTS**

Participants and follow up

**Treatment** 



74% Mirabegron

24%

**Combined therapy** 0.8%

**Antimuscarinics** 

#### Table 2. Relationship between OAB treatment and MMSE score at three and six months

OAB treatment	Treatment							
	Basal		3 months		6 months		p value 1 vs 2*	p value 1 vs 3*
	1				3			
Beta-3 agonists	27.61 (4.03)	29,5 [27-30]	n=67		n=48			
			27.16 (4.57)	29 [26-30]	26.79 (5.28)	29 [26-30]	0,0254	0,2326
Antimuscarinics	28.07	29 [27,5-30]	n=23		n=17			
	(3.54)		28.26 (3.76)	29 [28-30]	27.35 (4.49)	29 [28-30]	0,754	0,8456
TOTAL	27.69 (3.91)	29 [27-30]	27.41 (4.38)	29 [27-30]	26.89 (5.03)	29 [26-30]	0,0665	0,413

Mean (Standard Deviation) Median [Interquartile Range]; \*Wilcoxon - rank sum test, p<0,05

### CONCLUSION

Pharmacological treatment for OAB syndrome was associated with a negative impact on cognitive function at three and six months of follow-up. Given the aging population and the risk of cognitive decline, physicians should consider incorporating screening tools such as the MMSE. These findings underscore the importance of careful monitoring of cognitive effects during overactive bladder management.

