

THE DIAGNOSE AND TREATMENT STRATEGY FOR THE OUTPATIENT FEMALE OAB PATIENTS: THE INITIAL EXPERIENCE FROM ONE CHINESE CLINIC

Hypothesis / aims of study

To explore a feasible and effective diagnose and treatment strategy for the outpatient female overactive bladder (OAB) patient.

Study design, materials and methods

We initially screened 150 female outpatients with the symptom of urgent and frequency by medical history, the overactive bladder symptom score (OABSS) and three-day urinary diary. The mean age of female outpatients was 42.62 (From 25 to 73). We also used the urinalysis and ultrasonic examination for kidney, ureter, bladder and residual urine to exclude urinary tract infection, bladder cancer and urolithiasis. Then the patients with OAB symptom were treated with antimuscarinic drug (tolterodine extended released) and/or α -blocker for 8 weeks. The patients were revalued with the OABSS score and three-day urinary diary.

Results

According to the criterion of OABSS score, 126 patients were diagnosed as OAB whose OABSS score ≥ 3 points and urgency score ≥ 2 points. By the urinalysis and ultrasonic examination, 15 patients had urinary tract infection, 3 cases with lower ureteral stones and the other 6 cases did not meet the OAB diagnosis. The mean OABSS score was 7.25 ± 2.43 before treatment. After 8 weeks therapy, the mean OABSS score decreased to 4.37 ± 2.16 ($P < 0.05$). The overall symptom remission rate reached 76.98% (97/126). For the other 29 cases (23.02%) who complained no obvious symptom improvement or refractory incontinent, we did the further examinations like urodynamic determination and cystoscopy. We found 12 cases of stress incontinent, 6 cases mixed incontinent, 5 cases bladder detrusor muscle weakness, 3 cases bladder neck contracture, 3 cases striated sphincter dyssynergia. The sling procedure (TOT), pyridostigmine, urethral dilation was used to treat these patients.

Interpretation of results

For the female outpatients with urgent and frequency, OABSS table can simply determine OAB symptom. By the urinalysis and ultrasonic examination, we can rapidly exclude common bladder organic disease. The antimuscarinic drug and α -blocker can relieve most OAB symptom of female outpatients. After 8 weeks unsuccessful drug treatment, further urodynamic determination and cystoscopy is needed to explore undermined bladder dysfunction and more aggressive therapy.

Concluding message

The OABSS table is a feasible tool to OAB diagnose for outpatient female patients with urgency and frequency. The antimuscarinic drug or/and α -blocker is an effective treatment for these patients.

Disclosures

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