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DISEASE CORRELATION AND EFFECTS OF PELVIC FLOOR MUSCLE TRAINING ON TOLTERODINE BASED TREATMENT FOR FEMALE PRIMARY OVERACTIVE BLADDER SYNDROME

Hypothesis / aims of study:
To identify the relative factors of female patients with primary overactive bladder. To determine whether medical interfered-pelvic floor muscle training and behavioral therapy can enhance the treatment effects of tolterodine on female patients with primary overactive bladder (OAB).

Study design, materials and methods:
107 women from one center with primary overactive bladder under the treatment with tolterodine extended release tablets (5 mg once daily) were randomly divided to an experiment (E) group (interfered with pelvic floor muscle training, PFMT, three sessions per day, 15-20 times/session, n=54), and a control (C) group (interfered with general health education, n=53). The total intervention were 3 months. Followed up after 6 months. Treatment efficacy was measured by micturition diary, Oxford pelvic floor muscle force scores, OABSS scores and patients' subjective KHQ quality of life scores respectively at baseline, 2 weeks, 1 month and 3 months.

Results:
Female OAB were related to age, marriage, delivery mode and times, body mass index and chronic disease (P<0.05). There were no significant correlation with education level, place of residence, abortion and food habits (P>0.05). At 1 and 3 months, Both of the groups had a decreased OABSS and KHQ scores than before. At 3 months, the E group showed a enhanced pelvic muscle force than C group (P<0.05), but no significant difference on OABSS scores (P>0.05). In quality of life, E group showed significant decrease on micturition severity, role limitations, physical/social limitations and emotions domains (P<0.05). At 6 months Followed up, there was a statistically significant difference of OABSS scores and KHQ scores in all 10 domains between two groups (P<0.05).

Interpretation of results:
The risk factors of female primary OAB were related to age, marriage, delivery mode and times, body mass index and chronic disease. OAB seriously affect the quality of life of patients. PFMT can significantly improve pelvic floor muscle strength, and enhance the tolterodine treatment effect. 3 months short term treatment is not enough to relieve the OAB symptoms and improve the quality of life completely. Long-term (6 months) treatment can be effectively.

Concluding message:
OAB is multiple fators related disease. Pevic muscle training can enhance the medication treatment. Although 3 months is a recommended treatment period by many OAB treatment guidelines, it may not enough for a complete symptom relief and quality of life improvement.

Disclosures:
Funding: China National Natural Science funding 30772176 Clinical Trial: Yes Registration Number: 2012-OAB RCT: Yes Subjects: HUMAN Ethics Committee: Ethics Committee of Zhejiang University, 1st Hospital Helsinki: Yes Informed Consent: Yes