

COMPARISON OF INTRADETRUSOR INJECTION OF ABOBOTULINUM TOXIN A (DYSPO) & ONABOTULINUM TOXIN A (BOTOX) IN NEUROPATHIC BLADDERS – THERE IS NO COMPARISON!!

Hypothesis / aims of study

Neurogenic detrusor overactivity (NDO) is an established consequence of spinal cord injury (SCI). Botulinum toxin A (BTX-A) is now an established treatment modality for controlling NDO. There are two common preparation of BTX-A used in Urology (Ona-BTX & Abo-BTX). We have been using Abo BTX till March 2013. Since April 2013, the preparation was switched to Ona BTx as this is the approved preparation for controlling NDO.

The objective of our study was to evaluate the impact on the duration of action and the Quality of Life (QoL) in SCI patients with switching to Ona Btx A of the patients who previously had multiple injections of Abo Btx A

We present the preliminary results of our ongoing prospective study for Btx injections in detrusor muscle and impact on QoL of patients with neuropathic bladders who manage with intermittent self catheterization (ISC).

Study design, materials and methods

From our prospectively collected database, we identified 27 patients who underwent 200 units of Ona Btx A injections. All these patients previously had multiple injections of Abo Botx A, either 750 or 1000 Units. All patients were utilising ISC as a mean of bladder emptying. Patient's QoL was evaluated using the incontinence impact questionnaire (UDI-6 & IIQ-7). Urodynamics were recorded both before the injections and four months post injections for all subjects. The duration of action of Abo-BTX & Ona-BTX was recorded as per the patient's perception reported either on a clinical visit or by telephone.

Results

The 27 patients with repeated injection for SCI had an average age of 46.1 years (15-71). The duration of action of 200 units of Ona Btx A was an average of 3.8 months (0-6), where as Abo Btx A duration average was 9 months (2-12). The average QoL improved to 20.9 (3-48) in patients with Ona Btx 200U, whilst, it improved to 11.48 (1-28) with Abo Btx A injections.

Interpretation of results

There is a variation in the QoL scores between Ona Btx A and Abo Btx A, this could be due to dose variation.

Concluding message

To our knowledge, this is the first study directly comparing the same cohort of patients with two different Toxins in different doses. It appears that not only the dosage between Ona Btx A and Abo Btx A are not interchangeable but also the ratio between the two toxins remains not well defined. Further studies are required to evaluate if there is dose dependant desensitisation of the receptors.

Disclosures

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