

PREVALENCE OF URODYNAMIC DETRUSOR OVERACTIVITY IN PATIENTS WITH OVERACTIVE BLADDER SYMPTOMS : EXPERIENCE FROM A DEVELOPING COUNTRY

Hypothesis / aims of study

To evaluate the relationship between urodynamic detrusor overactivity (DO) and overactive bladder (OAB) symptoms in male and female patients.

Study design, materials and methods

This was a retrospective study of men and women (age > 18) with symptoms of an overactive bladder (Urinary frequency, nocturia, urgency with or without urgency urinary incontinence) referred to our urodynamic unit at tertiary care hospital for further evaluation, between February 2014 and March 2015. We evaluated patient's age, voiding frequency (>8 voids per day), nocturia (>2 voids per night), urgency and symptomatic incontinence (OAB dry or OAB wet, respectively), first sensation, maximum cystometric capacity (MCC), bladder compliance, and the presence or absence of detrusor overactivity (DO). Those patients with neurological, vesical, bladder outlet and pelvic floor diseases or surgery were excluded.

Results

The overall incidence of DO was 26 % and 30 % in male and female OAB patients, respectively. Of men 4 % and 3 % of women with urgency (OAB dry) had DO, while 22 % of men and 27 % of women with urgency and urgency urinary incontinence (OAB wet) had DO. Of female patients, 22 % who were OAB wet had stress urinary incontinence symptoms with 9 % having urodynamic stress incontinence. 15 % of males and 8 % of females with OAB symptoms had urodynamic diagnosis of voiding difficulties with postvoid residual volume greater than 100 ml. Combination of symptoms is more accurate in predicting DO in OAB patients.

Interpretation of results

There was a better correlation in results between OAB symptoms and the urodynamic diagnosis of DO in females than in males, more so in OAB wet than in OAB dry. Combination of symptoms of the OAB syndrome seems to have a better correlation with objective parameters from the bladder diary, filling cystometry, and with the occurrence of DO.

Concluding message

There is a need for a validated urgency scale that measures urgency rather than bladder sensation. The pathophysiology of female OAB might be different from that of male OAB. Therefore, treatment outcomes must be evaluated for males and females, separately. Further prospective studies are required to provide more information about the precise role of urodynamics for men and women with OAB symptoms.

Disclosures

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