

INTERSTIM IN THE GERIATRIC POPULATION: SAFETY AND EFFICACY FROM THE INSITE TRIAL

Hypothesis / aims of study

Overactive bladder (OAB) is known to significantly affect an individual's quality of life. Aging is a major risk factor for developing OAB symptoms. Since the prevalence of OAB increases with age, this is a major health concern for the geriatric population. Elderly individuals with refractory OAB represent one of the most challenging populations to treat because of their potential for pre-existing comorbidities and overall frailty. Sacral neuromodulation (SNM) has been shown to be effective for the management of OAB symptoms, but there are few reports of outcomes in the geriatric population. Due to lack of evidence there is a reluctance to offer this therapy to this population. Therefore, the objective of the current analysis is to report therapeutic success rates, changes in quality of life (QoL) and safety in geriatric patients with OAB receiving SNM.

Study design, materials and methods

Data from subjects enrolled in the InSite trial who had successful test stimulation and received an InterStim implant were used in this retrospective analysis. Responder rate (defined as $\geq 50\%$ improvement in average leaks/day or voids/day or a return to normal voiding frequency [< 8 voids/day], health-related quality of life (HR-QoL) and adverse events through 3 years were compared for geriatric subjects (age > 65 years) and their younger counterparts (age ≤ 65 years).

Results

272 subjects with a median age of 58 (range 18-86) had an InterStim implant for OAB. Eighty were aged 65 or older (29.4%). Compared to younger OAB subjects, the geriatric subjects had a higher proportion of males (16% vs 6%; $p < 0.01$) and urinary urge incontinence (73% vs. 52%; $p < 0.01$). However, younger and older individuals were comparable in their baseline number of leaks per day (median of 2.2 and 2.4, respectively; $p > 0.05$). Baseline number of voids per day was greater in the younger group (median of 11.7 and 10.6, respectively; $p = 0.01$). There was no statistically significant difference in the 3-year OAB responder rate (81% vs 84%; $p = 0.67$) or the urinary frequency responder rate (74% vs. 69%; $p = 0.66$) between geriatric subjects and their younger counterparts. However, geriatric patients had a lower urinary incontinence responder rate (68% vs 88%; $p < 0.01$) and change from baseline HR-QoL at 3 years (median 30.3 vs. 38.8; $p = 0.04$) than younger patients. Device-related adverse events, including loss of efficacy, undesirable change in stimulation and infection were not different between both age groups (all $p > 0.05$). Moreover, geriatric subjects reported less implant site pain than younger subjects (5% vs. 16%; $p = 0.015$).

Concluding message

These data demonstrate that at 3 years, OAB treatment with SNM has similar efficacy and safety for both geriatric and younger individuals. The impact of SNM on urinary incontinence and HR-QoL changes in a geriatric population warrants further study.

Disclosures

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