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# IMPROVED CRITERIA TO JUDGE THE EFFECTIVENESS OF HIGH DOSE, COMBINATION ANTICHOLNERGICS IN THE MANAGEMENT OF NEUROGENIC INCONTINENCE AFTER SPINAL CORD INJURY (SCI).

Hypothesis / aims of study

Anticholinergics are the first line treatment for neurogenic detrusor overactivity (NDO) after SCI (1). Dosage adjustment is frequently done to achieve satisfactory continence. It is common clinical practice to use higher doses and often the combination of anticholinergics to achieve the satisfactory control of leaks (2). Such a treatment is limited by its effectiveness, tolerability and compliance issues (3).

The aim of this study was to assess if mere symptomatic improvement of incontinence can be taken as the sufficient indicator of therapeutic response in patients on high dose, combination anticholinergics.

Study design, materials and methods

We studied the records of fifty SCI patients with bothersome incontinence, despite taking high dose Tolterodine ER, at 8mg daily. Their UDS records showing refractory NDO were reviewed.

To better control their incontinence, they were offered high dose, combination anticholinergics, as Tolterodine ER, 8 mg plus Trospium chloride LA, 60 mg daily. Records of bladder diary, UDS and IWT done before the treatment and after 6 weeks of given treatment were reviewed.

Results

Records showed leaks significantly reduce from the mean of 28 per week to 12 per week after treatment with high dose, combination anticholinergics. Review of UDS records showed persistent NDO in 20 patients (40%), reduced compliance in 12 patients (24%) and low functional capacity in 23 patients (46%) of these patients. Twenty of these patients (40%) continued to have persistently positive IWT, despite the high dose combination anticholinergics.

Interpretation of results

Adverse UDS findings such as persistent or inadequately suppressed NDO, reduced compliance and low functional capacity persist in a significant number of cases despite the satisfactory symptomatic improvement of incontinence.

Concluding message

Symptomatic improvement of incontinence is not a sufficient indicator of therapeutic response in patients with neurogenic incontinence. Even high dose combination anticholinergics fail to adequately suppress the NDO. Follow up UDS and IWT, must be done at 6 weeks, to confirm if the given high dose combination anticholinergics is adequately effective in a given case.

References

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Disclosures

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