

## EFFICACY AND SAFETY OF INTRAVESICAL INJECTION OF ONABOTULINUMTOXINA (BONT-A) TREATMENT IN ELDERLY PACIENTS ( $\geq 75$ YEARS) WITH OVERACTIVE BLADDER.

### Hypothesis / aims of study

Overactive bladder (OAB) presents higher prevalence in elderly population. As a result, it correlates with an increased risk of falls, fractures, and morbi/mortality. In addition age-related degeneration of central nervous system has been postulated as one of the etiologic factors for OAB. Botulinum toxin injection has been established in recent years as a good treatment in the general OAB population refractory to anticholinergic drugs. We endeavoured to examine the efficacy and safety of this approach in the elderly population ( $\geq 75$  years).

### Study design, materials and methods

We retrospectively analyzed treatment outcomes on a group of 24 patients over 75 (6 men and 18 women) treated at our institution with 100 U intravesical Botox® injection. Our results were compared in terms of efficacy and adverse events with a younger cohort ( $< 75$  years patients) ( $n = 60$ ). Response estimation was assessed with the Patient Global Impression of Improvement (PGI-I) score. We defined as a good response a value  $\leq 2$  at 30 days follow-up assessment.

### Results

Within the  $\geq 75$  cohort, 68% (15/22) presented good response (median PGI-I 1,82) to treatment, while 74% (40/53) in  $< 75$  years (median PGI-I 1,95) (95%CI: -0,522 to 0,779;  $p=0,69$ ). The average duration of the effect of the treatment was 26.13 weeks in the  $\geq 75$  years and 31 weeks in the  $< 75$  years patients. The incidence of adverse events was 18% (4/22) in the  $\geq 75$  years and 13% (7/53) in the  $< 75$ -year-old group ( $p=0,72$ ). No significant differences between the two groups were observed for any of the variables analyzed ( $p > 0,05$ ).

### Interpretation of results

Elderly patients are more vulnerable to complications. The short-term efficacy of intravesical BoNT-A injection for refractory OAB with no treatment-related complications in the elderly population has been documented. Frail elderly patients can experience similar results, such as significant improvement in terms of urgency and quality of life. Some authors have reported an increased risk of larger postvoid residual (PVR) and lower long-term success rates in frail elderly patients; on average 11% presented acute urinary retention, while 60% had PVR urine volume  $>150$  mL after treatment.

### Concluding message

In our experience, the use of intravesical BoNT-A in elderly patients ( $\geq 75$  years) with OAB, is effective, safe and maintains a lengthy effect on elder population. As a result, age is not a limiting factor for the use of this approach in OAB patients.

### Disclosures

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