

WOMEN OVER 80Y OLD, IS URODYNAMICS CONTRIBUTIVE FOR MANAGEMENT OF LOWER URINARY TRACT DYSFUNCTION.



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Hypothesis / aims of study

Population ageing => increasing number of women older than 80 y with lower urinary tract symptoms (LUTS). Despite the old age, the increasing number of co-morbidities and the frequency of neurological disease, urodynamic study is performed to diagnose the cause of LUTS.

Question: is urodynamics contributive for management of LUT dysfunction in that population?

Material and method

153 files of women older than 80y were retrospectively analyzed.

Women were referred for urodynamic study in order:

- > To evaluate LUT dysfunction
- > To evaluate outcomes of LUTD treatment

Sub-populations:

- **117 non-neurological (non-N)** 84±3 y [80-93]

- **36 neurological (N)** 84±3 y [80-94]:
(23 encephalic lesion 13 spinal cord injury)

Each file comprised demographic data, medical history, urodynamic parameters and diagnosis, and proposed management

Results (Co-morbidities)

Co-morbidities	Non-Neuro	Neuro
Number/pt	2.3	3.1
Cardio-vascular	57.4%	44.4%
Endocrine	43.6%	38.8%
Musculo-skeletal	40.4%	55.5%
Previous pelvic surgery	30.8%	50.5%
Cognitive impairment	29.9%	38.8%

More numerous in N women: 3.1 vs. 2.3
Great differences in predominant clinical condition:

- > cardio-vascular and endocrine in non-N
- > Musculo-skeletal, previous pelvic surgery and cognitive impairment in N.

Concluding message

Usefulness of urodynamics to manage LUT dysfunction in women older than 80 y is **greatly dependent on their neurological status.**

In non-neurological women this is **non debatable** but proposed treatment needs to take into account existing **co-morbidities.**

In neurological women the main usefulness is **to confirm DU** and to propose the best management in order **to avoid complete retention.**

Results (Main complaint)

Main complaint	Non-neuro		Neuro	
	Count	%	Count	%
Incontinence	78 18 SI 23.0% 35 MI -25 UI 44.9%-32%	66.7%	20 11 MI 55.0%- 9 UI 45.0%	55.5%
Frequency	19	16.2%	4	11.1%
Incomplete retention, dysuria	13	11.1%	11	30.6%
Pre-op POP	7	5.9%	1	2.8%

- > Incontinence and frequency slightly more frequent in non-N.
- > Incomplete retention or dysuria in N
- > Significant result: **only occurrence of SI in non-N.**

Results (Urodynamic diagnosis)

Urodynamic evaluation:

- > FF (when possible),
- > filling cystometry followed by IF
- > UPP

Urodyn Dg	Non-neuro		Neuro	
Normal (non contributory)	28	23.9%	6	16.7%
Detrusor overactivity	39 (6 DHIC) (15.4%)	33.3%	16 (5 DHIC) (31.3%)	44.4%
Detrusor underactivity	25	21.4%	11	30.5%
ISD	25	21.4%	3	8.4%

Results

Failure of previous treatment :

more frequent in non-N (17.9% vs.11.1%)

Cause:

- > mainly insufficient improvement (14.5% vs. 8.3%) by local oestrogen therapy
- > by anticholinergic. recurrent incontinence after surgery (3.4% vs. 25.0%)

Treatment proposals

In non-N 86 (73.5%) treatment proposals **based on the complaint** when UD was "normal", **on UD for DO** (anticholinergic or physiotherapy), **DU** (prompted voiding or self-catheterization) and **ISD** (physiotherapy, local oestrogen therapy or surgery).
21 women with previous treatment, 7 noticed no change.

In N treatment proposals were mainly prompted voiding or self-catheterization (30%) based on **DU** diagnosis.