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ADHERENCE TO MEDIUM-TERM TREATMENT WITH ONABOTULINUMTOXINA FOR NEUROGENIC AND IDIOPATHIC DETRUSOR OVERACTIVITY: A SINGLE CENTRE'S EXPERIENCE

Hypothesis / aims of study

To assess long-term continuation rates, reasons of discontinuation and subsequent therapy in patients with neurogenic detrusor overactivity (NDO) and idiopathic detrusor overactivity (IDO).

Study design, materials and methods

We retrospectively searched in our patient database patients treated with detrusorial injection of botulinum toxin between 2001 and 2015. Patients were divided in two groups: NDO and IDO. Patients received OnabotulinumtoxinA intradetrusor injection of 100 or 200 units. Primary outcome was the continuation rate. Secondary outcomes were reasons for discontinuation and subsequent therapy.

Results

Over 15 years, 355 patients received ≥ 1 OnabotulinumtoxinA injections (200 with NDO, 155 with IDO). Continuation rates were low; IDO: 20% during follow-up, NDO: 16.5% after 5 years. The main reasons for discontinuation were primary failure (IDO: 38.2%, NDO: 31.6%) and secondary failure (IDO: 11.8%, NDO: 21.6%). Only 1.8% of IDO and 6% of NDO patients stopped because of complications (clean intermittent catheterization (CIC) and recurrent urinary tract infections (UTIs)). In the NDO population, both CIC before start of OnabotulinumtoxinA therapy ($p=0.03$) and age > 50 years ($p=0.007$) increased continuation rates significantly. The main limitation is the retrospective design of the study.

Interpretation of results and Concluding message

Intravesical OnabotulinumtoxinA injections are safe for NDO and IDO, but because of low continuation rates, it appears to be in the majority of cases a short-term treatment. Administration of the injections in a hospital setting, rather than in an outpatient clinic, may partially explain these results. Insufficient benefit (primary and secondary failure) are the main reasons for discontinuation.

Disclosures

Funding: none **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** retrospective **Helsinki:** Yes **Informed Consent:** Yes