Conclusion
Reduction of both daytime wetting and UTI can be achieved regardless of the type of biofeedback employed. Although improved relaxation was observed objectively, patients utilizing a shorter but more intensive approach aimed at teaching control of the pelvic floor musculature were more likely to demonstrate persistent post void residuals and abnormal flow curves. A considerable degree of enthusiasm was reported using both of these non-invasive forms of treatment.

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THE OVERACTIVE BLADDER OF CHILDHOOD: LONG-TERM RESULTS WITH CONSERVATIVE MANAGEMENT

Aims of study: Idiopathic detrusor hyperactivity has not been thoroughly investigated and its natural history remains largely anecdotal. Whereas bladder hyperreflexia resulting from neurogenic and anatomic conditions have been well described, we decided to investigate the long term results of conservative management in children with symptomatic and refractory detrusor overactivity in the absence of an overt neurologic or anatomic disorder.
Methods: We reviewed the records of 58 children between 1988 and 1994, who had an isolated finding of detrusor overactivity (premature contractions of the bladder during filling before capacity was reached on a cystometrogram) when studied urodynamically for refractory nocturnal and/or polysymptomatic enuresis. Exclusion criteria included recurrent urinary infection, a neurologic lesion, or an anatomic abnormality of the lower urinary tract, and children with follow-up on treatment that was shorter than 1 year. Management consisted of solely oxybutynin (18), hyoscyamine (3), imipramine (1), glycopyrrolate (1), or combination drug therapy (7).
Results: Thirty children met our criteria for inclusion. The mean age at presentation was 10.9 years (range 4.7 - 18.9 years) and the average length of follow-up was 4.7 years (range 1.0 - 8.2 years). Eighty-seven percent (26) had complete (21) or substantial resolution (5) of their symptoms. The average time to resolution was 2.7 years (range 0.2 - 6.6 years), while the average age at complete resolution was 14.3 years (range 4.9 - 22.2 years). Patients whose bladder capacity fell within the range of 50 - 90% of expected for their age were more likely to benefit from therapy than those who capacities were outside that range. Neither age at initiation of treatment, nor gender were prognoticators of resolution. Only 1 family consented to a 'follow-up on treatment' cystometrogram, so comparison studies were not available for review.
Conclusion: Idiopathic detrusor overactivity is amenable to medical therapy in the overwhelming majority of patients but a prolonged period of time is needed before an effect may be seen. This may reflect the natural history of improvement in detrusor overactivity over time or the prolonged exposure to anticholinergic medication that is needed before the bladder fully responds. The duration of successful therapy before it can be safely terminated remains to be determined.

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