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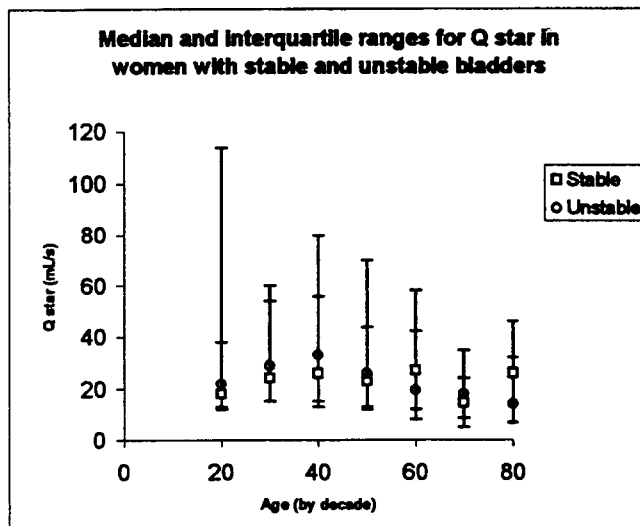
**DETRUSOR CONTRACTILE FUNCTION IN WOMEN WITH AND
WITHOUT DETRUSOR INSTABILITY.**

Aims of Study

It has been previously shown that detrusor instability is associated with increased detrusor contractile function, both in the presence and absence of increased urethral resistance. These studies have been restricted to men, where the influence of the prostate on the outflow tract has made analysis difficult and, in addition, variables chosen have been subject to criticism. The aim of this study was to examine a single variable based upon physiological voiding between women with and without urodynamically defined detrusor instability to determine whether there was evidence of an enhanced contractile function in association with detrusor instability.

Method

Women attending the Incontinence clinic requiring urodynamic studies were eligible for the study. Urodynamic studies and analysis of the pressure flow plots were performed according to previously reported methods. Q^* , a standardised measure of isotonic contractile function was used as a comparator. The diagnosis of detrusor instability was made according to ICS standards. Results were analysed using the Mann-Whitney U test for non-normally distributed data. An analysis by decade of life was also performed for comparison with previous data.



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Results

1577 women were eligible for the study, mean age 65 (SD 13 years). 471 women had stable bladders. The results are shown in the graph. There was no statistically different result in the value for Q^* between stable and unstable bladder at any age.

Conclusion

The variable Q^* has been shown to accurately reflect detrusor contractile function in women with detrusor hyperreflexia secondary to neurological disease and in patients with voiding inefficiency. However, we have found no difference between women with and without idiopathic detrusor instability. Although the coexistent increase in urethral resistance in women with idiopathic detrusor instability is well described (3,7) this appears to have no adverse consequences for the contractile function of the detrusor. The decline in Q^* in association with greater age appears consistent regardless of pathology.

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