TABLE

	Frequency			Incontinence			Volume to 1st contraction			Maximal cyst. capacity		
	0	1m	3m	0	1m	3m	0	1m	3m	0	1m	3m
F,45	14	11	12	7.5	2.5	1.3	70	295	184	184	297	195
M,49	15	9	10	0	0	0	300	420	394	350	422	483
F,29	12	14	7	8	0	0	100	364	563	650	364	563
M,70	11	8	8	3	0	0	150	460	618	170	460	620
F,25	10	8	8	1.5	0.8	0.5	333	492	364	350	664	364

Conclusions: This preliminary study suggests that intravesical desensitization might be useful in the treatment of patients with idiopathic detrusor instability and warrants the launching of a larger study.

References: 1- Urology, 50, Suppl 6A (1997): 36-52. 2- J. Neurol. Neurosurg. Psychiatry, 57 (1994): 169-173. 3-Lancet, 350 (1997):640-64. 4- J. Comp. Neurology, 140 (1988): 864-871. 5- J. Urology 160(1998): 34-38.

Funded in part by Gulbenkian Foundation

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Title (type in CAPITAL LETTERS, leave one blank line before the text):

INVOLUNTARY DETRUSOR ACTIVITY : SO WHAT?

Aims of study

To quantitatively assess and compare involuntary detrusor activity (IDA) detected during ambulatory urodynamics (AUM) in symptomatic patients and healthy female volunteers.

Methods

A total of 80 AUM studies that showed phasic involuntary detrusor activity (IDA) were analysed. Of these, 70 studies had been performed in women with symptoms of urinary urgency and/or urge incontinence and 10 in asymptomatic volunteers. The conduct and interpretation of AUM followed our standard protocol. Symptoms (urgency and urge incontinence) were recorded by the patient in a diary and by pressing event buttons. Detrusor instability (DI) was diagnosed when IDA occurred in association with urgency and / or urge incontinence.

Results

Of the 10 studies in asymptomatic volunteers, IDA was associated with urgency in 7 (70%). All 70 patients in whom IDA was detected during AUM had coincident symptoms. The characteristics of the first and maximum involuntary detrusor contractions for the 2 groups are shown in tables 1 & 2.

Table 1 Characteristics of IDA: First detected contraction

X squared Mann Whitney U***

	Median bladder vol at 1st contraction (ml)	Proportion of 1st contractions of amplitude <10 cmH2O	Proportion of 1st contractions of duration <30 sec	Incidence of associated leakage
Controls (n=7)	494	4(57%)	6 (86%)	0
Patients (n=70)	207	18 (25%)	23 (32%)	26(37%)
p=	0.001**	0.07*	0.02*	0.004*

Table 2 Characteristics of IDA: Maximum detected contraction

	Median bladder vol at max IDC (ml)	Incidence of max contractions of amplitude <10 cmH2O	Incidence of max contractions of duration <30 sec	Incidence of associated leakage
Controls (n=7)	494	4(57%)	4(57%)	1(14%)
Patients (n=70)	312.5	7(10%)	7(10%)	40(57%)
p=	0.001**	0.001*	0.001*	0.03*

Conclusion

This study demonstrates that the character of IDA detected during AUM in asymptomatic volunteers is quantitatively distinct from that seen in patients with urgency and urge incontinence. This overactivity occurs at higher bladder volumes, is of shorter duration and associated with milder symptoms than that detected in women with urgency and urge incontinence. These findings support the view that, in contrast to conventional static cystometry, AUM permits quantitative interpretation of IDA (1). Such interpretation allows distinction to be made between detrusor activity which is clinically relevant and that which can be reasonably regarded as a variation of normal.

References

1. van Waalwijk van Doorn ESC, Malone-Lee JG, Janknegt RA (1995): The differentiation of normal and abnormal contractions on ambulatory urodynamics. Neurourology and Urodynamics 14(5): 531-532.

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Title (type in CAPITAL LETTERS, leave one blank line before the text):

Symptomatic diagnosis of the overactive bladder: Is it helpful?

AIM OF STUDY

The symptomatic diagnosis of an "overactive bladder" (OAB) has been defined as the symptoms of urinary