

DOES ORAL DESMOPRESSIN (MINIRIN®) ENHANCE THE SPECTRUM OF TREATMENT FOR MOTOR URGE INCONTINENCE IN SELECTED WOMEN?

Aims of Study

Desmopressin (DDAVP), a synthetic vasopressin analogue, has been established as an effective treatment of enuresis nocturna in children and adults. Recently a double-blind randomized placebo-controlled multi-centre multi-national exploratory study of desmopressin nasal spray in women with severe daytime urinary incontinence failed to show an effect of DDAVP patient-controlled treatment (Anti-Diuresis-For the control of daytime urinary incontinence. International Urogynecology Journal, Vol. 13 Suppl 1 2002, Abstracts. 27 th Annual Meeting of the International Urogynecological Association, Prague 2002). We felt however that this concept might be effective in selected cases of motor urge incontinence.

Methods

In an open exploratory pilot-study so far ten patients (between 50 and 90 years old) with severe motor urge incontinence were included. All of these patients were treated unsuccessfully by anticholinergic medication and other forms like bladder instillation procedures and pelvic floor stimulation. Before being included in this study each patient was examined on cardiac and renal diagnoses. Selection criterion was that these patients drew their maximal bother from the inability to attend any social activity apart from home.

The study medication was Minirin® 0.1 mg oral per day (the maximum dose was limited to 0.2 mg per day). The patients were instructed to take this study drug exactly one hour before a planned social activity (for example cinema visit, theater visit, long car drive). They were also instructed not to take the medication during the night. A specific questionnaire evaluating the incontinence episodes up to five hours after the intake of the medication was established. Quality of life was assessed by a visual analog score 0-10 after 1, 3 and 6 months.

Results

Effect of desmopressin was observed one hour after the intake of the oral medication. In 8/10 patients DDAVP induced an urge and incontinence free period from minimally 4 to maximally 5 hours. After the effect of desmopressin medication urge and incontinence episodes returned to normal without an increase directly after. In 7/10 patients quality of life significantly improved from minimally one to maximally 9 recorded by a visual analog score 0-10. For two patients desmopressin had no effect despite increasing the oral medication up to 0.2 mg per day and one patient had to be excluded from study in cause of more urge symptoms during the night after taking the study drug. Cardiac or renal complications were not observed.

Conclusions

In contrast to the above mentioned multi-centre study this open pilot-trial offers some evidence that DDAVP may be an effective drug to improve urge incontinence and quality of life for a special time period in selected cases of women with urge incontinence whose maximal bother results from not being able to adequately attend social activity apart from home.

References

1. Robinson D, Cardozo L, Akesson M, Hvistendahl G, Riis A, Norgaard JP. Anti-Diuresis-For the control of daytime urinary incontinence. International Urogynecology Journal, Vol. 13 Suppl 1 2002, Abstracts. 27 th Annual Meeting of the International Urogynecological Association, Prague 2002.
2. Sukhai RN. (1993). Enuresis nocturna: long term use and safety aspects of minirin (desmopressin) spray. Regul Pept 45 (1-2), 309-310.
3. De Grazia, E. and Cimador, M. (1999). Oxybutinin-desmopressin association in the treatment of primary nocturnal enuresis with diurnal urination disorders. Minerva Pediatr 51 (5), 149-152.