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## **GABAPENTIN FOR OVERACTIVE BLADDER AND NOCTURIA AFTER ANTICHOLINERGIC FAILURE**

### **Hypothesis / aims of study**

We review our experience with gabapentin as a method of treating symptoms of overactive bladder (OAB) and nocturia in patients who have failed conventional anticholinergic therapy. Gabapentin is not FDA indicated for urologic dysfunction and the patients were explained that this was an off label use of the drug.

### **Study design, materials and methods**

Thirty-one patients referred to us with refractory OAB and/or nocturia were treated with oral gabapentin. All the patients had tried or are still on tolterodine and/or oxybutynin. Of these, 24/31 complained of bothersome symptoms during day and night and the other seven had primary complaints of nocturia. Initial gabapentin doses ranged from 100mg.- 300 mg at bedtime and eventually titrated up to 3,000 mg based on patients' symptomatology.

### **Results**

The mean age was 51 years old (range 27-78). There were 13 men and 18 women, 12 of whom have multiple sclerosis. The mean dose chosen by the patient after initial titration was 600 mg/day. Fourteen of 31 patients reported subjective improvement of their frequency and eight have been on the medication for over 12 months with persistent efficacy. For the 14 improved patients, mean frequency/24 hours decreased from 14 to 10. Three patients with primary nocturia reported improvement from a mean of 4 to 1 episodes/night. Six patients stopped taking the drug within one month due to side effects mostly described as drowsiness. Three of the patients who improved also reported lethargy but described them as tolerable and continued with the medication.

### **Concluding message**

Although only 14 of 31 patients improved with oral gabapentin, one should consider that these were refractory OAB and nocturia patients. Gabapentin was generally well tolerated and can be considered in selective patients when conventional modalities have failed.