

PRELIMINARY CLINICAL OUTCOME OF TREATMENT FOR WOMEN WITH INCREASED DAYTIME URINARY FREQUENCY

Hypothesis / aims of study

Although women with only urinary frequency are very common, there has been no appropriate treatment guideline for these patients. Herein, we report our preliminary clinical outcome.

Study design, materials and methods

Between December 2003 and April 2005, women visited the clinic with increased daytime frequency were evaluated with medical history, physical examination, urinalysis with urine culture, uroflowmetry with post void residual and voiding diary. We excluded patients diagnosed of any of followings; overactive bladder, stress urinary incontinence, urinary tract infection, pelvic organ prolapse, neurogenic bladder or interstitial cystitis. 48 women were enrolled and offered to select either behavioral therapy alone or combination of behavioral and pharmacotherapy (propiverin 20mg daily). They were followed up 1 and 3 months with voiding diaries. At 4 months, patients were asked about the subjective symptom change to report in 4 scales; much improved, improved, same or aggravated.

Results

Before treatment, there were no significant differences between monotherapy (n = 23) and combination (n = 25) group on the key parameters such as daytime frequency and average voided volume. The mean (range) age was 56.4 (22-80) years. The duration of symptoms was 64.3 (1-360) months, daytime frequency was 9.8 (7-16) times and the average voided volume was 144.0 (25-390) ml. 23 patients (48%) selected behavioral monotherapy, other 25 (52%) patients selected combination therapy. There was no statistical difference in characteristics between the two groups. Interestingly, 79% (38/48) had a misunderstanding of delaying to void progress to be a disease. Overall, the mean daytime frequency was decreased (from 9.4 to 7.5 times) and the average voided volume was increased (from 144 to 184 mL) with statistical significance. The subjective improvement (much improved and improved) rate was 75% (36/48). There was no predictor for success of treatment among these parameters; duration of symptom, daytime frequency, nocturnal polyuria, functional bladder capacity, average voided volume, maximal flow rate and PVR. Combination therapy showed better success rate than behavioral monotherapy (84.0% vs 65.2%) with borderline significance (p=0.067).

Interpretation of results

The success rate was high for both groups of combination therapy and behavioural monotherapy. It seems that patients who had good results with behavioral therapy had chance to modify their voiding pattern by the instructions given in interview and obtaining an insight of their own voiding pattern when they writing the voiding diary.

Concluding message

Behavioral therapy with or without pharmacotherapy showed definite improvement in subjective and objective parameters for the female patients with frequency only symptom. Combination therapy showed better success rate than behavioral monotherapy without statistical significance.

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DISCLOSURES: NONE

HUMAN SUBJECTS: This study did not need ethical approval because we used only one drug that had FDA approval but followed the Declaration of Helsinki Informed consent was obtained from the patients.