INTRODUCTION

Nocturia is more than an isolated lower urinary tract symptom, being significantly associated with dysfunction of sleep quality and duration, cardiovascular morbidity, mental health and mortality [1]. The medical conditions co-existing with nocturia may share central neural control areas in the brainstem [2,3]. The aim of this study was to investigate whether improvement in one comorbid variable, in patients with nocturia, may regulate other co-morbid dysfunctions toward a more normal state.

METHODS

A prospective, 2-arm repeated measures study was performed in 2017. Participants were recruited from both Continence and Sleep Medicine Services.

Inclusion criteria:
- were ≥40 years of age
- experienced nocturia of ≥1 per night
- reported urinary urgency/urge incontinence (UUI) severe enough to require pharmacotherapy or sleep disordered breathing (SDB) with an apnoea-hypopnoea index ≥30 and requiring CPAP

Data collected included:
- Demographic information
- Overactive Bladder Symptom Score (OABSS)
- Nocturia-related Quality of Life instrument (NQoL)
- Epworth Sleepiness Scale (ESS)
- Pittsburgh Sleep Quality Index (PSQI)
- Hospital Anxiety and Depression Scale (HADS)
- EuroQol Health Questionnaire (EQ-5D-5L)
- 2-day bladder diary
- Actigraphy parameters
- Blood pressure

The study intervention was either an anticholinergic agent or beta-3 agonist to treat urgency/urgency symptoms; UUI participants did not commence CPAP. SDB participants were not treated for any urinary tract dysfunctions of sleep quality and duration, or CPAP to reduce apnoea episodes. The study intervention was either an anticholinergic agent or beta-3 agonist to treat urgency/urgency symptoms; UUI participants did not commence CPAP. SDB participants were not treated for any urinary tract dysfunctions of sleep quality and duration, or CPAP to reduce apnoea episodes.

REFERENCES


RESULTS

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CONCLUSIONS

In a sample of relatively healthy individuals, treatment targeted to the presenting dysfunction resulted in less nocturia, improved sleep quality and longer duration of undisturbed sleep. This early work appears to suggest that in both groups treatment may induce change toward a more normal state in selected variables known to have control areas in the brainstem.