

# Poster 155: Safety and Efficacy of OnabotulinumtoxinA Injections in Octo and Nonagenarians

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### BACKGROUND/RATIONALE

•OnabotulinumtoxinA (BTX-A) injections are commonly used third line therapies for treatment of overactive bladder (OAB)

•Urinary tract infections (UTIs) and urinary retention may deter some providers from performing this treatment in the elderly

•This study aims to examine the rate of complications and efficacy in patients 80 years or older verses patients between 50-70 years receiving BTX-A for the treatment of OAB

#### METHODS

•Retrospective case series of patients who underwent BTX-A injections at a tertiary care center from January 2007- September 2017

•Patients were stratified to an "elderly" cohort ( >80 years old) and a comparator "younger" cohort (50-70 years old)

•Demographics, clinical characteristics, post BTX-A complications and patient reported satisfaction following treatment were collected

•Chi-square and t-tests for patient characteristics and univariable and multivariable logistic regression models were collected for outcomes

### RESULTS

PATIENT DEMOGRAPHICS					
	Young Cohort (50- 70 yrs)	Elderly Cohort ( >80 yrs)	p-value		
Mean Age (years)	59 (50- 70)	84 (80-94)			
Number of Patients	68	62			
Co-morbid conditions	65%	76%	0.24		
Neurological Condition	53%	29%	0.006		

#### RESULTS

Complications (%)	Young Cohort (50-70 yrs)	Elderly Cohort (>80 yrs)	p-value		
Overall Rate	16	23	0.36		
UTI	7.6	6.5	0.84		
Hematuria	4.4	1.6	0.36		
Unscheduled Phone Calls	10	17	0.22		
Unscheduled Office Visits	2.9	6.5	0.34		
Pain	5.1	0	0.73		
Urinary Retention	4	11	0.14		
Rehospitalization	0	3.2	0.14		

-3 patients in YC (4.4%) had urinary retention after BTX-A. -All had a prior incontinence surgery

-14 patients in the YC had an incontinence procedure, 3 required CIC (21%), compared to 0/54 patients who did not have an incontinence procedure (p = 0.005)

-7 patients in the EC (11%) had urinary retention after BTX-A

## CONCLUSIONS

- Our data suggest that intradetrusor BTX-A injections are safe and effective in the elderly population
- No significant difference in UTI rate or urinary retention between the two groups