# Poster 21497: ANTICHOLINERGIC DRUGS IN OVERACTIVE BLADDER IN A SERIES OF MULTIPLE SCLEROSIS PATIENTS:

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## **AIMS OF STUDY**

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To assess efficacy, tolerability and safety of anticholinergics (Ac) in multiple sclerosis (MS) pts complaining storage low urinary tract symptoms (SLUTS).

## **MATERIALS AND METHODS**

Analysis of consecutive MS pts who began Ac in 2014. They were evaluated with:

- 4-day bladder diary incorporating the Patient's Perception of Intensity of Urgency Scale (PPIUS)
- the ultrasound measure of postvoid residual (PVR)
- a single question on improvement of QoL (Yes or No)
- recording of adverse events (AE)

### **RESULTS**

60 MS pts were recruited, 75% women. Ac therapy lasted in average 19.9 months. 80% of pts used oxybutinin immediate release (OxI). 2 pts stopped immediately OxI for severe AE.

LUTS improved in 73.7% and QoL in 57% of 58 pts. Mean reduction of PPIUS (-1.1) and daily pads use (-0.46) were observed; the mean increase of PVR was 43 cc (1 pt started clean intermittent catheterization).

39 AE were observed in 32 pts (53%). 9 serious immediate AE have been reported only with Ox - mental confusion, dizziness, blurred vision —. 6 pts stopped definitively Ac for the AE (4 assumed OxI, 1 Ox extended release and 1 trospium), 23 pts changed Ac and 12 increased the dosage of the same Ac. A correlation between occurrence of AE and dosage of OxI was not detected.

Tab 1: AE distribution for type of Ac

Ac	Number of pts with AE/pts treated	% for Ac
Oxl	29/48 (simultaneous AE in 6 pts)	60.4
Solifenacin	1/3 (drowsiness)	33.3
Trospium chloride 60 mg	2/4 (1 voiding LUTS,	50.0
	1 constipation)	
Total	32	

### CONCLUSIONS

Ac are less effective in LUTS due to MS than to other conditions. AE are reported by 53% of pts and Oxl can provoke serious AE in up to 10% of them, probably for its penetration in central nervous system. Comparison or worsening of voiding LUTS has been reported in pts treated both with Ox and trospium.

Therefore MS pts should start Ac at low dosage and should be checked at short intervals.