OVERACTIVE BLADDER (OAB) is a symptom-based diagnosis, while detrusor overactivity is a diagnosis that can only be made after urodynamic investigation. So the terms are not synonymous. This was one of the messages conveyed to an international urology meeting in Dublin recently by Dr Dudley Robinson, consultant urogynaecologist at King’s College Hospital, London.

Speaking on the management of intractable OAB, he said that OAB is a bothersome condition affecting quality of life. It is estimated that 64% of patients with OAB have urodynamically proven detrusor overactivity but 83% of patients have symptoms suggestive of OAB.1

“Antimuscarinic drug therapy remains integral in its management. However, some patients will discontinue medication because of problems with efficacy and adverse effects,” he said, adding that there are a number of options for patients who have failed primary therapy before resorting to invasive treatments.

He said that the most recent systematic review and meta-analysis of 83 studies supported the efficacy of antimuscarinic therapy for OAB.2 After conservative therapy, these agents are the most commonly used in the management of OAB. They include fesoterodine, oxybutynin, propiverine, solifenacin, tolterodine and trospium.

When efficacy is the main reason for non-compliance, then the approach should be to try an alternative therapy. If adverse effects are the problem, then an alternative route of administration may be helpful.

Other types of drug therapy can be used in treatment of patients with troublesome OAB symptoms that have not responded to conventional antimuscarinic therapy but the search for novel agents for the treatment of OAB continues, he said.

Dr Robinson stressed the importance of making an accurate diagnosis. OAB is a symptom complex rather than a urodynamic diagnosis. Patients who fail on primary therapy may benefit from further investigation with urodynamic studies. In addition, this helps to exclude other conditions and medical causes.

Data from Europe shows that prevalence rate in men and women older than 40 is over 16%.3 US data confirms a high incidence in the older person of nearly 31% in the over 65s.4 Frequency is the most commonly reported symptom (85%), followed by urgency (54%) and urgency incontinence (36%).

Despite its widespread prevalence, the aetiology of OAB and detrusor overactivity is unknown. Symptoms are due to involuntary contractions of the detrusor muscle during the filling phase of the micturition cycle. These are described as detrusor overactivity and are mediated by acetylcholine-induced stimulation of bladder muscarinic receptors under the control of the parasym pathetic nervous system, he explained.

Evidence suggests that combination therapy with medication and conservative measures leads to a greater improvement in patient symptoms. Improved patient awareness through patient education is also likely to lead to better compliance with medication, Dr Robinson said.

The meeting in Dublin of the International Urogynaecological Association included a workshop on OAB. Debate focused on the role of bacteriuria and whether this could hold the key to understanding urge incontinence. The workshop heard that experimental studies in women at St George’s Hospital, Sydney found that the rate of bacteriuria in women with refractory detrusor overactivity was 27%.

There is increasing awareness that current methods to diagnose bacterial infection are quite insensitive. In a recent clinical trial, a causative role for bacterial infection was supported by a finding that antibiotic treatment correlating with bacterial clearance could significantly improve the bladder symptoms of patients with multiple sclerosis. This suggests that efforts to improve the diagnosis and treatment of chronic, low-grade urinary tract infections could improve the outlook for patients with lower urinary tract symptoms (LUTS). Speakers discussed whether there could be an ‘infective aetiology’ underlying a proportion of detrusor overactivity and presented a selection of studies pointing towards this thesis.

References
3. Milsom I, Abrams P, Cardozo L, Roberts RG, Thoruff J, Wein AJ. How widespread are the symptoms of overactive bladder and how are they managed? A population-based prevalence study. BJU Int 2001; 87(9): 760-766