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Efficacy of 200 IU versus 300 IU botulinum toxin intradetrusor injections in the treatment of neurogenic detrusor overactivity



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Introduction Botulinum toxin is a second-line treatment for neurogenic detrusor overactivity [1]. The primary objective of this study was to compare the duration of efficacy of botulinum toxin intradetrusor injections (BTI) at a dose of 200 IU (only dosage approved by marketing authorisation (MA) in 2011) versus a dose of 300 IU (dose previously used).

Methods Retrospective review of a prospective cohort of all patients receiving BTI between 24 August 2011 (date of MA) and 1st March 2014 in Nantes, divided into 2 groups. Group 1 had already received BTI at a dose of 300 IU before the MA and group 2 initiated treatment at a dose of 200 IU.

Results One hundred and thirty-four patients were followed for a mean of 4.7 years. In group 1 ($n = 83$), the duration of efficacy was decreased in 49.7% of patients ($n = 41$) at the 200 IU dose and the dose was subsequently increased to 300 IU in these patients. In group 2 ($n = 51$), 37.3% of patients ($n = 19$) failed to respond to a dose of 200 IU and the dose was increased to 300 IU. The mean duration of efficacy of BTI was significantly lower at 200 IU (7.7 months) compared to 300 IU (10.0 months) ($P = 0.001598$). In group 1, a shorter previous duration of efficacy at 300 IU was a prognostic factor for failure of the 200 IU dose ($P = 0.0004421$).

Conclusion In this study, the duration of efficacy of BTI was longer at a dose of 300 IU than at a dose of 200 IU. In other studies this result was not identified [2], but is worth discussing because of the benefit to the patient.

Keywords Botulinum toxin A; Intradetrusor injections; Neurogenic detrusor overactivity; Detrusor overactivity; Efficacy duration

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

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Effect of adding pelvic floor muscle training to weight loss intervention on urinary incontinence in overweight women: A randomized controlled trial



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Objective Our objective was to study the effect of the association of weight loss intervention and pelvic floor muscle training (PFMT) on urinary incontinence (UI) in obese women.

Methods This prospective study included 107 obese women with urinary incontinence (UI) randomized into three groups: G1 including women who underwent a training program with a low calorie diet, G2 women who underwent the same training associated to a PFMT and G3 women without any therapeutic intervention. An evaluation was realised a week before the beginning and after 12 months.

Results A reduction of the BMI (body mass index) was noted in G1 and G2 ($P < 0.001$). Sixty-six percent of women in G1 and 85.3% of women in G2 reported that their condition improved. The score of PFM strength was significantly improved only in G2 ($P < 0.001$). Only in the two first group, we noted a significant reduction in the number of voiding and of leakages per day ($P < 0.001$), a significant amelioration in the 24-hour pad test ($P < 0.001$) and a significant improvement of the Urinary Disability Measure (UHM) and the score of quality of life ($P < 0.001$). The improvement of all these parameters was more important in G2 ($P < 0.001$).

Discussion There are studies that report the effect of either weight loss intervention or PFMT for treating female UI [1,2]. However, there is no study that reveals whether or not there were additional effects of adding weight loss intervention to PFMT for UI in obese women. This work shows that the best management for UI in obese women must include weight loss intervention and PFMT with making women aware of their floor pelvic muscles. However, the limited nature of follow-up beyond the end of treatment means that the long-term outcomes of use of PFMT or weight loss intervention remain uncertain.

Keywords Urinary incontinence; Obese women; Training program; Pelvic floor muscle training; Weight loss

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

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Bladder dysfunction in chikungunya: Experience of the academic hospital of Fort de France in Martinique (France)



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Objective Chikungunya is an arbovirus transmitted by Aedes mosquitoes. Significant epidemics have been reported in Reunion in 2005–2006 and the French West Indies whose Martinique in 2013–2014. Mainly, Chikungunya is characterized by polyarthralgia and fever. Patients also related overactive or hypoactive bladder. Those bladder dysfunctions have been described in literature just one time by an Indian team [1] in 2006–2007. The purpose of this study is to identify and describe these disorders.

Methods Patients were enrolled using a screening urinary disorders questionnaire through Chikungunya consultation in academic hospital of Fort-de France from January 2015.