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Urgency urinary incontinence (UI) and urgency void rates are better indicators of treatment efficacy for overactive bladder (OAB) than total urinary frequency

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OAB, a common condition, affects over 33 million Americans and is characterized by urinary urgency, with or without urge incontinence, usually with frequency and nocturia. It is assumed that urgency results in increased urinary frequency, however, this might be due to learned behavior, so called defensive voiding. This study aims to determine if reduction in urgency in patients with refractory OAB (rOAB) would result in a corresponding reduction in voiding frequency and symptom bother. A prospective dataset of women with rOAB (n=62, at completion) who underwent selective bladder denervation (SBD), or radiofrequency ablation of the sub-trigonal tissue, were analyzed. Main outcome measures included urgency and non-urgency voids, and urgency urinary incontinence [UUI]) from a 3-day voiding diary and quality of life (QoL) scores.

At 6 months post-treatment, UUI and urgency voids were lower (by 41%, $p<0.001$) but non-urgency voids were higher (by 33%, $p=0.001$) with improved QoL scores ($p<0.001$). At baseline and 6 months, symptom bother was correlated with urgency voids ($p<0.05$) but inversely correlated with non-urgency voids ($p<0.001$); while urgency and non-urgency voids were inversely related ($p<0.0001$). SBD resulted in a reduction in symptoms and an improvement in QoL. However, SBD did not result a marked reduction in overall voids. The decrease in urgency voids was offset by an increase in non-urgency voids suggesting that habit or defensive voiding drives frequency. The results indicate that defensive voiding results in a QoL improvement, thereby suggesting that urgency voids rather than total voiding frequency should be monitored to assess treatment efficacy.

Biography

Dr. Eboo Versi is Clinical Associate Professor at Rutgers Robert Wood Johnson Medical School in the department of Obstetrics, Gynecology and Reproductive Sciences. Previously he was Chief of Urogynecology at the Brigham & Women's Hospital and Associate Professor at Harvard University. His research interests include pharmacology (drugs for overactive bladder, stress incontinence, sexual dysfunction, menopause and contraception), medical devices, investigative techniques and pathophysiology of lower urinary tract dysfunction. He has published over 100 scientific articles.

Dr. Versi received his bachelor's degree and doctorate in reproductive physiology from Oxford University and his medical degree from Cambridge University in England.

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