



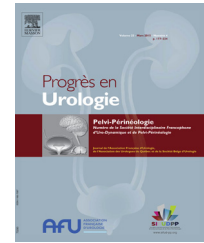
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ORIGINAL ARTICLE



Do urodynamics provide a better understanding of voiding disorders in women over 80?

L'urodynamique permet-elle une meilleure compréhension des troubles mictionnels des patientes de plus de 80 ans ?

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KEYWORDS

Urodynamics;
Ageing;
Women;
Voiding dysfunction;
Management

Summary

Aims. – Population ageing has as consequence an increasing number of women older than 80 years with lower urinary tract symptoms (LUTS). Despite old age, urodynamic study is often performed to diagnose the cause of LUTS. Our purpose is to discuss the contribution of urodynamics to manage that population.

Methods. – Urodynamic studies of 169 consecutive women older than 80 years, respectively 124 non-neurological (non-N) and 45 neurological (N), were retrospectively analysed.

Results. – Number of co-morbidities was lower in non-N (2.5 vs. 3.1) with predominance of cardiovascular and endocrinology while musculo-skeletal, cognitive and previous pelvic surgery predominated in N. Among main complaint, incomplete retention or dysuria was more frequent in N while incontinence and frequency were predominant in non-N. More frequent urodynamic diagnosis (UD) was “normal” i.e. non contributive (25.0%) and intrinsic sphincter deficiency (ISD = 21.7%) in non-N, detrusor overactivity (DO = 42.2%) and detrusor underactivity (DU = 38.8%) in N. In non-N, there were 94 treatment proposals based on the complaint when UD was “normal” and on UD for DO, DU and ISD. In N, treatment proposals were mainly prompted voiding or self-catheterization based on DU diagnosis.

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Conclusion. – Usefulness of urodynamics to manage LUT dysfunction in women older than 80 y is greatly dependent on their neurological status. In non-neurological women this is non debatable but proposed treatment needs to take into account existing co-morbidities. In neurological women the main usefulness is to unmask DU and to propose the best management in order to avoid complete retention.

Level of evidence. – 4.

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MOTS CLÉS

Urodynamique ;
Vieillesse ;
Femme ;
Trouble mictionnel ;
Traitement

Résumé

Introduction. – Le nombre croissant de femmes de plus de 80 ans présentant des troubles urinaires du bas appareil (TUBA) est la conséquence du vieillissement de la population. Malgré le grand âge un bilan urodynamique est souvent réalisé afin de diagnostiquer la cause des TUBA. Notre étude analyse la contribution de l'urodynamique à la prise en charge de cette population. **Méthodes.** – Les bilans urodynamiques de 169 femmes ≥ 80 ans, 124 non-neurologiques (non-N) et 45 neurologiques (N), ont été rétrospectivement analysés.

Résultats. – Les co-morbidités étaient moins nombreuses chez les non-N avec prédominance cardiovasculaire et endocrinologique vs musculosquelettique, cognitive et chirurgie pelvienne chez les N (2,5 vs 3,1). La plainte prédominante était rétention incomplète ou dysurie chez les N et incontinence ou pollakiurie chez les non-N. Les diagnostics urodynamiques (DU) les plus fréquents étaient « normal » (25,0 %) et incompétence sphinctérienne (IS=21,7 %) chez les non-N, et hyperactivité du détrusor (HD=42,2 %) et hypoactivité du détrusor (hD=38,8 %) chez les N. Chez les non-N le traitement proposé résultait du DU ou de la plainte si le DU était « normal ». Chez les N les propositions de traitement étaient principalement les mictions programmées et les auto-sondages, basés sur le diagnostic de hD.

Conclusion. – La contribution de l'urodynamique dans la prise en charge des TUBA chez la femme de plus de 80 ans est très dépendante du statut neurologique. Chez les non-neurologiques, elle n'est pas discutable, le traitement proposé nécessitant la prendre en compte les comorbidités. Chez les neurologiques, l'urodynamique permet surtout de démasquer une hypoactivité du détrusor et donc une meilleure prise en charge.

Niveau de preuve. – 4.

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Introduction

Population ageing is a phenomenon affecting the entire planet. It is the result of better management and early detection of health problems, and lifestyle improvement. The population over 60 years old is the fastest growing on. In France, people over 80 years represent 5.8% of the population (3.76 millions), 65% (2.44 millions) of whom are women [1].

One significant consequence is an increasing number of women older than 80 years complaining of lower urinary tract symptoms (LUTS); this increase is mostly due to the awareness of the consequences on daily life of LUT dysfunction (LUTD) [2–6]. More and more elderly women live at home, perform daily tasks, take an active part in society and play sport.

Another characteristic of that older population is that a better management of neurological disease induces a not negligible sub-population with that clinical condition [7].

Normal age related changes are observed in the structure of both detrusor and urethra. Consequences are an increased occurrence in storage symptoms (frequency, urgency, nocturia) and in voiding symptoms (hesitancy, complete or incomplete retention, incomplete voiding) [8].

Storage symptoms are the most common complaint and detrusor overactivity (DO) the more frequent evoked cause [9]. However, LUT symptoms and urodynamic diagnosis do not necessarily correlate [10] as combination of storage and voiding dysfunction is frequently observed in older people as in detrusor hyperactivity with impaired contractility (DHIC) [11,12]. This lack of correlation between symptoms and diagnosis may also result from multifactorial conditions: co-morbidities, polymedication and its side effects.

Moreover, despite the old age and the increasing number of co-morbidities, urodynamic study is currently performed to diagnose the cause of LUTS.

Our purpose was to evaluate the contribution and usefulness of urodynamics to the diagnosis and management of LUTD in an oldest female population.

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