

Voiding Function and Dysfunction, Bladder Physiology and Pharmacology, and Female Urology

Re: Developing an Internationally-Applicable Service Specification for Continence Care: Systematic Review, Evidence Synthesis and Expert Consensus

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Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/25121511>

Editorial Comment: This is a review whose purpose is to create, based on systematic reviews, qualitative data and expert consensus, an internationally applicable service specification for continence care. The article should be read in its entirety by anyone interested in the global concept of continence care, as it defines practice gaps in the provision of such services and describes components of a service specification that payers and commissioners of health care could consider. Key themes are listed as follows: 1) there are wide variations in continence care service delivery across the world; 2) continence care is not a priority for health care administrators; 3) incontinence has a significant impact on people with incontinence and their caregivers, with serious implications for local health economies; 4) the best performing health care services are locally derived and led by motivated individuals with specific skills; 5) basic continence care is often not delivered well by generalist health professionals, and 6) there is a lack of health care professionals trained in continence care. Key recommendations were: 1) ensure ease of access by establishing robust referral pathways from detection to appropriate assessment and treatment; 2) shift the responsibility of basic continence care away from primary care physicians to continence nurse specialists where available; 3) where continence nurse specialists are unavailable train existing health care professionals to provide evidence-based continence care (advanced practice providers or, in developing countries, local community health care workers); 4) where possible use a case coordinator to ensure collaborative care and to delay or prevent admissions of patients to permanent care settings; 5) promote the use of self-management tools and techniques, and provide information on the use of containment products; 6) emphasize shared decision making between health care provider and patient/caregiver; 7) integrate specialists with other parts of the care pathway, and assign them key roles in quality governance and training and dissemination of best practice; 8) comprehensively assess user, product and usage related factors to assess the needs of patients and caregivers with regard to containment products; 9) payers should ensure that care standards are incentivized in order to provide the highest quality continence care, and 10) establish accredited programs of training for nurses who want to become continence specialists and other health or social care professionals wishing to improve their competence in delivering continence care. Probably the most important emphasis was the fact that nurses with appropriate training can and should manage and treat incontinence, as their efforts seem to be more successful than those of primary care physicians. This is most likely a result of time constraints for the latter (my opinion). These may seem to be lofty goals but their achievement should be possible, especially in societies like ours.

Alan J. Wein, MD, PhD (hon)

Re: TRP Channels in Lower Urinary Tract Dysfunction

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Br J Pharmacol 2014; **171**: 2537–2551. doi: 10.1111/bph.12502

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/24895732>

Editorial Comment: Transient receptor potential (TRP) channels are a family of cation selective channels with 28 known mammalian members. The current interest in these channels results from the finding that they can be activated by a number of physical and chemical stimuli, and, therefore, appear to play a prominent role in sensory signaling. Increasingly they are mentioned as potential drug targets for various forms of lower urinary tract dysfunction, especially those associated with detrusor overactivity, overactive bladder symptomatology and bladder pain syndrome. The most commonly mentioned is TRPV1, which is a heat and vanilloid sensitive TRP. This is generally agreed to be expressed in C-fibers innervating the bladder, and there is disagreement about whether it is expressed in urothelial cells. Strong activation of this ion channel with agonists is followed by prolonged desensitization of the channel and of the C-fibers, including depletion of the neural peptide stores in the nerve endings, thereby impairing afferent limb by the spinal reflex arc. Intravesical capsaicin treatment is an example of the application of such therapy, unfortunately resulting in significant side effects. The use of resiniferatoxin, with a similar mode of action, represents an improvement because this can activate and desensitize TRPV1 at a 1,000-fold lower concentration than capsaicin. It has not achieved great success commercially or Food and Drug Administration approval.

TRPA1 and TRPM8 are other TRP channels that are mentioned in conjunction with possible therapeutic uses for lower urinary tract dysfunction. Both are cold and menthol sensitive channels which have proved much more difficult to study. Possible roles for these and other TRP channels (use as agonists or antagonists) have been mentioned not only for detrusor overactivity and overactive bladder symptomatology, but also for bladder pain syndrome and symptoms from other forms of cystitis.

TRP channels and the impressive literature that surrounds them represent another area where we can further our understanding of the physiology and pathophysiology of lower urinary tract function and dysfunction but which, at the same time, can be mentioned only in the last slide of a presentation on management of detrusor overactivity/overactive bladder symptomatology and in that slide only as a tantalizing possibility which is far from clinical use. A thorough recent treatise on these fascinating ion channels is available.¹

Alan J. Wein, MD, PhD (hon)

1. Nilius B and Szallasi A: Transient receptor potential channels as drug targets: from the science of basic research to the art of medicine. *Pharmacol Rev* 2014; **66**: 676.

Re: Diet Modification for Overactive Bladder: An Evidence-Based Review

M. Ernst, J. Gonka, O. Povcher and J. Kim

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Curr Bladder Dysfunct Rep 2015; **10**: 25–30. doi: 10.1007/s11884-014-0285-0

Abstract available at <http://link.springer.com/article/10.1007/s11884-014-0285-0>

Re: Associations between Supplemental or Dietary Intake of Vitamin C and Severity of Lower Urinary Tract Symptoms

T. M. Curto, E. L. Giovannucci, J. B. McKinlay and N. N. Maserejian

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BJU Int 2015; **115**: 134–142. doi: 10.1111/bju.12653

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/24472044>

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