



REVIEW ARTICLE

A systematic review of the diagnosis and treatment of patients with neurogenic hyperactivity of the detrusor muscle[☆]



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KEYWORDS

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Abstract

Background: Neurogenic detrusor hyperactivity (NDH) is a urodynamic observation characterized by involuntary detrusor contractions during the filling phase that are caused by an underlying neurological disease. The common and severe complications that can result from NDH warrant the preparation of healthcare protocols for the proper management of patients with NDH.

Objective: The aim of this study is to standardize the criteria for the decision-making process in the management of patients with diagnosed or suspected NDH, providing personalized medical care.

Acquisition of evidence: We performed a systematic noncomprehensive literature review on the aspects of the diagnosis and treatment of NDH. Based on the review, recommendations were issued by nominal consensus of a group of urology specialists.

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PALABRAS CLAVE

Vejiga urinaria
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Synthesis of the evidence: In general, the diagnosis of NDH is arrived at by a proper review of the medical history, physical examination and voiding diary before performing any diagnostic study. The main treatment objectives are to protect the upper urinary tract, restore function of the lower tract and improve these patients' continence and quality of life. The treatment consists of several steps aimed at obtaining proper bladder storage that allows for sufficiently spaced voidings. The follow-up should be personalized based on each patient's needs.

Conclusions: The identification and management of NDH is important for positively redirecting the function of the lower urinary tract, in terms of filling and voiding, thereby improving the patients' quality of life.

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Diagnóstico y tratamiento del paciente con hiperactividad neurogénica del músculo detrusor. Revisión sistemática

Resumen

Introducción: La hiperactividad neurogénica del detrusor (HND) es una observación urodinámica caracterizada por contracciones involuntarias del detrusor durante la fase de llenado causada por una enfermedad neurológica subyacente. Las complicaciones frecuentes y graves que pueden derivar de la HND aconsejan la elaboración de protocolos asistenciales para el correcto manejo de enfermos con HND.

Objetivo: El propósito de este trabajo es homogeneizar criterios para la toma de decisiones en el manejo de pacientes con diagnóstico o sospecha de HND, prestando atención a la medicina personalizada.

Adquisición de la evidencia: Se realizó una revisión sistemática no exhaustiva de la literatura sobre aspectos del diagnóstico y tratamiento de la HND; a partir de ella, se emitieron recomendaciones por consenso nominal de un grupo de especialistas en Urología.

Síntesis de la evidencia: En general, el diagnóstico de HND vendrá dado por una correcta historia clínica, la exploración física y el diario miccional antes de realizar cualquier investigación diagnóstica. Los objetivos principales del tratamiento son proteger el tracto urinario superior, restaurar la función del tracto inferior y mejorar la continencia y la calidad de vida de estos pacientes. El tratamiento consiste en varios escalones encaminados a obtener un correcto almacenamiento vesical que permita micciones suficientemente espaciadas en el tiempo. El seguimiento debe personalizarse según las necesidades de cada paciente.

Conclusiones: La identificación y el manejo de la HND resultan importantes para reconducir positivamente la función del tracto urinario inferior, en cuanto a llenado y vaciado, y mejorar la calidad de vida de los pacientes con HND.

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Introduction

Overactive bladder is a group of symptoms that includes urinary urgency and increased urinary frequency, either with or without urinary incontinence, in the absence of urinary tract infection or other diseases.^{1,2} The *International Continence Society*¹ differentiates the clinical concept of overactive bladder (symptom-based diagnosis) from the detrusor overactivity (presence of involuntary contractions in the urodynamic study [EUD]). When the origin of this disorder comes from an underlying neurologic disease, it is called neurogenic detrusor overactivity (NDO).¹ The NDO is characterized by a pattern of involuntary contractions in the detrusor during the filling phase observed during urodynamics. The two main problems of the NDO are the overactivity of the detrusor muscle and the detrusor sphincter dyssynergia, which is often associated with the former.

The frequent and potentially dangerous complications that patients with NDO show make it necessary to develop diagnostic methods for the correct evaluation of those affected by this condition.³ This document has been written with the aim of homogenizing the management of patients of both sexes, of legal age and with diagnosis or suspicion of NDO, so that the diagnosis and therapeutic approach can be standardized, always from the point of view of personalized medicine.

Acquisition of the evidence

In order to extract the available scientific evidence that could answer questions about the management (diagnosis and treatment) of NDO patients, a non-exhaustive systematic review of the literature has been conducted. The bibliographic research was conveyed by using specific keywords for each question. Whenever possible, the

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