

ROLE OF URODYNAMIC AND CLINICAL FINDINGS IN WOMEN WITH REFRACTORY OVERACTIVE BLADDER

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ABSTRACT

Introduction. Overactive bladder (OAB) is defined as urinary urgency, usually accompanied by frequency and nocturia, with/without urge urinary incontinence, in the absence of urinary tract infections, or other urinary bladder pathology. OAB is more prevalent in women, with overall prevalence increasing with age. The international guidelines recommend after a full basic assessment to be done urodynamic studies (UDS) at refractory OAB patients. **Aim.** Evaluation the importance of urodynamic and clinical values at refractory OAB patients which would reveal the cause of failure of lifestyle interventions, behavioral therapy, and/or antimuscarinic treatment. **Methods.** A retrospective pilot study performed at Urology department, during 2019-2022, included 30 refractory OAB patients, clinical based on voiding diary, OAB Symptom Score questionnaire (OABSS) and on UDS examination. **Results.**

Voiding diary data and OABSS revealed that in 83% of cases patients showed moderate/severe level of OAB symptoms (8,43±2,06). Based on UDS, low values of first sensation of voiding (FSV=76,6±55,1ml), first desire of voiding (FDV=113±100ml), strong desire of voiding (SDV=156±121ml) and maximal cystometric bladder capacity (MCC=176±136,2ml) correlated positively with OABSS. Detrusor overactivity (DO) was confirmed by the presence of detrusor phasic contractions, increased values of detrusor voiding pressure (PdetQ_{max}=54±8cmH₂O) and maximum flow rate (Q_{max}=12,2±6,2ml/s). High level of detrusor contractility was obtained by using the projected isovolumetric pressure. **Conclusion.** Based on UDS were obtained statistically significant variables associated with clinical data values that could influence the further treatment decisions and could be used as predictors of effectiveness of third-line therapy in women with OAB and DO.