

## **OVERACTIVE BLADDER: GUIDE TO TREATMENT IN MENOPAUSE**

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Overactive bladder (OAB) is characterized by urinary frequency/urgency and is often associated with urinary incontinence. The prevalence of OAB dramatically increases with age and older patients experience more severe incontinence symptoms than their younger counterparts. Coexisting health problems and multiple medications make diagnosis and treatment even more complex in this population.

The goal in treating OAB in the elderly is to restore a socially acceptable level of urinary incontinence, requiring minimal use of pads. Conventional treatment for OAB with conservative and lifestyle interventions in combination with antimuscarinic pharmacotherapy is effective in older people. Although there is a theoretical potential for cognitive impairment with antimuscarinic agents, the newer antimuscarinics are cognitively safe in cognitively intact older people.

Several antimuscarinic agents are currently available for the treatment of OAB in adults, including oxybutynin, tolterodine, trospium chloride, darifenacin and solifenacin. Most of the available data is extracted from post hoc subanalyses of trials with a limited number of patients over 65 years, and even fewer over 75 years. Only few studies have been reported specifically in a geriatric population and antimuscarinics are often underutilised in the elderly despite the marked increase in the prevalence of OAB in this age group. One explanation for this underuse may be concerns about the frequency of anticholinergic adverse events, such as dry mouth, the likelihood of detrimental CNS effects, including cognitive impairment and sleep disturbances, and the potential for harmful interactions with existing pharmacotherapy. Other treatment possibilities include the use of beta-3 adrenoceptor agonist, the first pharmacologic agent in its class to be approved for the treatment of OAB. Electrical neuromodulation via sacral or posterior tibial nerve stimulation has been shown to be an effective intervention for OAB in elderly patients unresponsive to pharmacologic therapy.

With a thoughtful approach and an aim towards future research specifically for this population, significant reductions in morbidity and mortality as well as improved health-related quality of life are possible.