

## Re: Urodynamics in a Community-dwelling Population of Females 80 Years or Older. Which Motive? Which Diagnosis?

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To the Editor,

Urinary dysfunctions such as lower urinary tract symptoms increase with aging (1,2) and the improvement of both diagnosis and treatment may help recover the functional life of these patients. If we take into account the syndrome of frailty in patients older than 80 years, defined as sarcopenia, osteopenia, nutritional changes and factors of illness, a remaining question would be if urodynamic study may improve the accuracy of the LUT dysfunction diagnosis.

The authors developed a very interesting paper where they studied the relation between LUT symptoms and urodynamics parameters such as free uroflow and intubated flow, cystometry and urethral pressure profilometry, and final urodynamic diagnosis. They observed that in community population dwelling oldest old females urodynamic study allows to find the causes of treatment failure. However, the majority of the population put forward a decrease in their quality of life often by LUTS developing. The most common complaint was incontinence urinary, often associated with urgency which is the main symptom.

The free uroflow obtained in initial moment was low (44%) compared to the second moment (91%). This may have been due to lack of confidence and the uncomfortable procedure that involves this exam. It suggests that in ageing population it is necessary to have a special preparation and adaptation to the environment in order to obtain a safe free uroflow. That, in association with a flow rate may be an interesting tool to evaluate ageing patients with

LUTS. Prevalence of DO and DHIC, and occurrence of RRCs during cystometry in older patients was higher compared with younger. The urinary symptoms in this special population may be explained by the oxidative stress in intracellular levels as part of physiologic aging of people (3). In this way, the urodynamic diagnosis may help to treat these patients.

### REFERENCES

1. Martínez Agulló E, Ruiz Cerdá JL, Gómez Pérez L, Ramírez Backhaus M, Delgado Oliva F, Rebollo P, et al.: Prevalence of urinary incontinence and hyperactive bladder in the Spanish population: results of the EPICC study. *Actas Urol Esp.* 2009; 33: 159-66.
2. Amaro JL, Macharelli CA, Yamamoto H, Kawano PR, Padovani CV, Agostinho AD: Prevalence and risk factors for urinary and fecal incontinence in Brazilian women. *Int Braz J Urol.* 2009; 35: 592-7; discussion 598.
3. Ohnishi N, Liu SP, Horan P, Levin RM: Effect of repetitive stimulation on the contractile response of rabbit urinary bladder subjected to in vitro hypoxia or in vitro ischemia followed by reoxygenation. *Pharmacology.* 1998; 57: 139-47.

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