

Editorial Comment

We do not yet have a urethral stent that is ready for broad application. The authors describe their experience with Memotherm. This is a stent that contracts in cold water and expands after being placed in the urethra at body temperature. Removing it is fairly easy after irrigating the urethra with cold water. This is a big improvement over the Urolume stent which is very difficult to extract. Still the results reported herein show that there is still much room for improvement in the design of urethral stents, or that stents hold limited promise in urethral stricture management. Approximately half of the patients required secondary procedures for restenosis or “hyperplastic ingrowth” inside the stent. The true future of stents likely lies in drug-eluting stents or temporary stents acting as scaffolds for engineered tissue ingrowth.

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NEUROLOGY & FEMALE UROLOGY

Long-term subjective results of tension-free vaginal tape operation for female urinary stress incontinence

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Introduction and Hypothesis: The aim of the study was to evaluate the subjective outcome between 1 and 5 years after tension-free vaginal tape (TVT) operation and the need for follow-up.

Methods: A prospective questionnaire study was performed including questions about incontinence, urinary tract infection, emptying problems, the wish for a clinical control and the International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF).

Results: One hundred seventy-three patients were included. There were more patients with subjective recurrent stress incontinence over the years, but ICIQ-SF was unchanged. There was no rise in patients reporting urge incontinence over the years. Only 11.4% of the patients wished for a clinical control at some time.

Conclusion: The TVT operation showed a slight degree of subjective deterioration between 1 and 5 years after the operation; however, the ICIQ-SF was unchanged. There seems to be no need for long-term follow-up at the operating department.

Editorial Comment

This is an interesting paper by Glavind et al. aiming to show sustained results after TVT operation for treating female stress urinary incontinence (SUI) from 3 months up to 5 years of follow-up. Their idea is to question the need for such long follow-up.

They analyzed 173 patients and present an increase from 12.2% to 26.7% in recurrent SUI comparing 3 mo x 5 years results with an odds ratio (OR) of 1.38. A similar finding occurred for subjective complaints regarding difficulty to empty the bladder (8.6% to 26.7% for 3 mo and 5 years, respectively, with a yearly OR of 1.57). However, the drop out rate of 38% during long term follow-up seems unacceptably high (81 x 51 patients at 3 mo and 5 years). Despite this it is interesting to note that ICIQ-SF scores did not rise throughout time and only 11% of patients requested a clinical control over time. The authors conclude suggesting no need

for clinical control or postal questionnaires after a normal visit at 3 mo after surgery; as no patient presented a major complication or need for surgical revision following long term clinical control. I would point out this should be seen with caution as slow flow was reported by half of patients at 1 and 5 years of follow up and no objective exam was performed to diagnose a possible obstructive flow. Also, ICIQ-SF does not take this matter into account.

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Are commonly used psychoactive medications associated with lower urinary tract symptoms?

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Purpose: Lower urinary tract symptoms (LUTS) such as urinary frequency and urgency are bothersome and associated with reduced quality of life. Atypical antipsychotics (AAPs) have been implicated in increasing the risk of urinary incontinence. In a large community-based sample of men and women, we examined the associations of AAP and selective serotonin reuptake inhibitor (SSRIs) use with LUTS.

Methods: Data were collected (2002-2005) from a generalizable sample of Boston, MA, USA, residents aged 30-79 (N=5503). LUTS were assessed using the American Urologic Association Symptom Index (AUA-SI). The prevalence of clinically-significant LUTS was estimated using a cutoff AUA-SI score of 8+ to indicate moderate-to-severe symptoms. Confounder-adjusted odds ratios (ORs) and 95% confidence intervals (CI) were calculated from multivariate logistic regression to estimate the associations for psychoactive drugs used in the previous month (SSRIs, AAPs, both) and LUTS.

Results: Among women, AAP users had a higher prevalence of LUTS (46.2%) compared with SSRI users (23.5%) and those with depressive symptoms not using SSRIs or AAPs (26.3%). Corresponding prevalence estimates among men were 32.7%, 29.8%, and 33.3%. In multivariate models, AAP use was significantly associated with LUTS among women when used either with (OR=2.72, 95% CI:1.45-5.10) or without (OR=3.05, 95% CI:1.30-7.16) SSRIs, but SSRI use without AAP use was not associated with LUTS compared with non-users without depressive symptoms. No associations were observed among men.

Conclusions: In our study, AAPs but not SSRIs were associated with increased prevalence of LUTS among women only. Further prospective research is needed to determine time sequence and cause and effect.

Editorial Comment

The study by Hall and cols. aimed to analyze lower urinary tract symptoms (LUTS) in a restricted cohort establishing a possible influence of depressive symptoms and psychoactive drugs (namely antipsychotics and serotonin reuptake inhibitors- SSRIs). The analysis was controlled for age, gender, race/ethnicity, socioeconomic status, comorbidities and the presence of symptoms of depression. They conclude only atypical antipsychotic (AAP) agents show a correlation with LUTS and exclusively affecting women. It is suggested by authors that women may suffer a different psychological impact from depressive symptoms