Issue two / February 2008

"The length of a film should be directly related to the endurance of the human bladder." - Alfred Hitchcock

ADVANCED UROLOGY
Eric R. Freedman MD, FRCS, DABU, FAAP
Compassion. Service. State-of-the-art.
www.advancedurologyca.com

For "Urine" Telligence

Urine-Vited

Practitioner's night-out

We have a date!

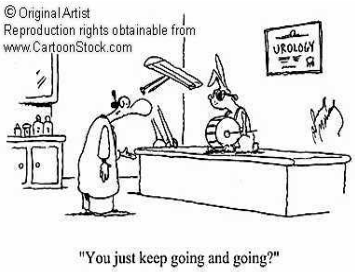
SAT March 8th - 7:45 PM
At Stage 3

Watch for your invitation to Woody Guthrie's American Song
Sponsored by Advanced Urology

Thank you for your support of Advanced Urology and Dr. Eric Freedman, and for entrusting your patient care to us. Our team will continue to strive for excellence in patient care.

Welcome to ISSUE 2
New Therapies for Overactive Bladder

IN THIS ISSUE:



"You just keep going and going?"

Writer/Editor:
Eric Freedman, M.D.
Editor/Publisher:
Ruth Brunker

Over Active Bladder-New Office therapies for Refractory OAB

Definition: Over active bladder is the bothersome symptom complex of urgency [sudden overwhelming urge to avoid that is difficult to ignore], and frequency [voiding more than eight times per day], and may be associated with nocturia [getting up more than two times per night], and urge incontinence [wetting accidents]. Approximately two thirds of patients with over active bladder do not wet significantly [OAB-dry], versus the one third with severe urge incontinence [OAB-wet].

Why primary health care providers need to know about this problem?

OAB syndrome ranks among the most prevalent and challenging problems in urology. 35 million Americans [over 16% of the adult population] suffer with the OAB; a prevalence higher than asthma, diabetes, or heart disease, and one that increases with the aging population. OAB is an area of significant clinical and basic science research.

Why treat OAB?

You're informed patients will demand it! Studies show that overactive bladder has a substantial negative impact on quality of life, but 30% of women waited 2 yrs. before addressing the problem with a physician. Beyond the social embarrassment of frequency and incontinence which can result in isolation and depression, OAB is associated with other serious comorbidities: A prospective study in the elderly with daily urge incontinence showed an increase in UTIs by 22%, genital skin infections by 10%, increase falls by 35%, and fracture risk by 45% ! [Geriatrics 2002]. Nocturnal frequency is also a clinical predictor of sleep apnea.

CONTINUED

Over Active Bladder
New Office therapies for Refractory OAB

Over Active Bladder-New Office Treatments continued -

What are the causes of OAB?

Simply put, bladder control problems represent an imbalance between: (a) bladder filling and (b) bladder emptying. This regulation of excitation and inhibition is dependant on a healthy coordination between the brain, spinal cord, peripheral nerves, and bladder lining and muscle. The comprehensive list of causes of OAB is too extensive to sight, and includes neurogenic, myogenic, and idiopathic causes. Depression, anxiety, and stress are exacerbating causes, as are constipation and aging.

Patient evaluation:

Begins with a detailed history and physical, and a urinalysis with culture. Adjunctive Urological evaluation often includes a urine cytology, measure of post void residual, pelvic or rectal exam [with recent PSA] ,Cystoscopy and Urodynamics. It is crucial to rule out infections, retention of urine or stool, cancers and neurological conditions ; prior to initiating any therapy.

Standard Therapy for OAB:

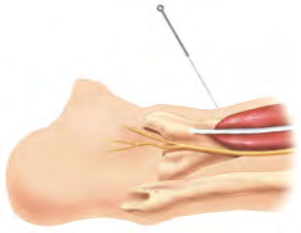
Create reasonable patient expectations. 2/3 should expect significant improvement. 1/3 will have symptoms refractory to standard treatments. A well motivated patient, and integration of combination therapies will provide the best outcomes:

- Behavioral modification -timed voiding before the urge with progressive lengthening of intervals. Reducing PM fluids, and altering type/timing of diuretics.
- Dietary modification -avoiding caffeine, carbonated beverages, spicy and acidic foods; and treating constipation.
- Biofeedback –Encourage home "Kegel" pelvic exercise, or refer to a Pelvic Floor Physiotherapist. I work closely with our local expert, Marilyn Gormley-Nishi at Sierra Physical Therapy, Indian Rock, Sonora (209-533-1273) .

These conservative first line measures can significantly improve the symptoms of OAB.

- Medications –considered 2nd line. Herbals do not have a major impact. The most frequently chosen drugs are the anticholinergics which affect the muscarinic receptors (oxybutinin, Detrol LA, Ditropan XL, Vesicare, Enablex, Oxtyrol, and Sanctura). All have slight differences in efficacy, delivery systems, and side effects. There are 5 types of muscarinic (Acetylcholine) receptors in humans; M3 controls bladder contractility, while M2 has some inhibitory effect on the Beta receptors. The common side effects are due to blocking receptors outside of the urinary tract: constipation, dry mouth [M1], visual accommodation disturbance, sinoatrial node with prolonged QT Interval [M2], and affects on memory and cognition [M1]. Primary care needs to be aware of these side effects and potential drug interactions, especially in the elderly with multiple co-morbidities. The number of receptors also decreases with age, so there is less response in the elderly. A promising agent just released is Sanctura XR, which has the lowest side effect profile and does not cross the blood-brain barrier.

Side effects, lack of efficacy, and the financial impact results in a patient drop out rate of almost 50% by 3 months, and 75% by 1 yr. If a patient fails with one drug, it is reasonable to try another; thereafter referral to an Urologist is indicated.



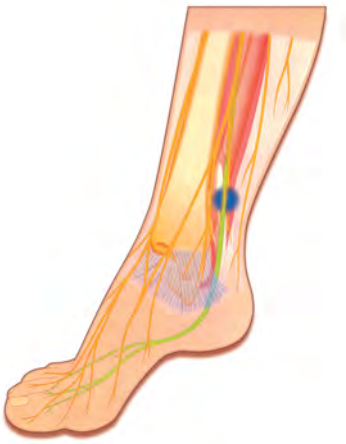
New office therapies for refractory OAB.

a) Percutaneous Tibial Nerve Stimulation or PTNS offers a minimally invasive, clinically effective alternative to sufferers of OAB.

Is a form of sacral neuromodulation, which involves the electrical stimulation of the sacral nerve plexus, which regulates the Bladder and pelvic floor reflex activity. Trans sacral stimulation (Interstim) involves implantation of a permanent pacemaker and has excellent long term results, but the potential for

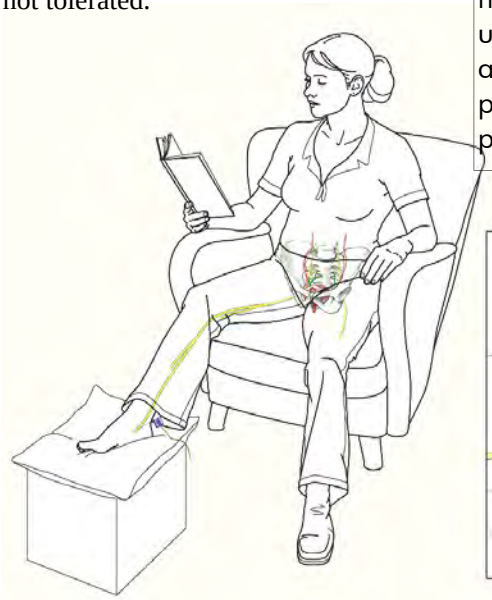
significant complications. On the other hand, the tibial nerve is easily accessed just above the medial ankle, where a tiny 34 gauge acupuncture needle is placed and attached to an adjustable hand held nerve stimulator that produces a gentle impulse that travels up the tibial nerve to the sacral nerve plexus.

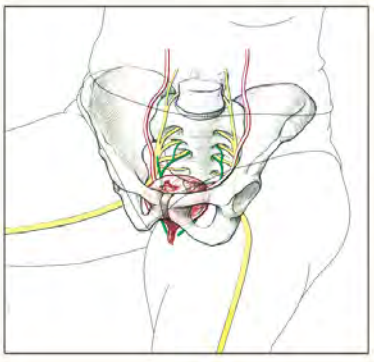
PTNS does not result in the troubling side effects, serious complications, or compliance issues seen with many of the other OAB treatments. It is virtually risk-free (cleared by the FDA in 2005). This office therapy is applied continuously for 30 minutes, while the patients are free to relax, read and listen to music. Usually 12 weekly sessions are initiated, and response rates are 65% in the refractory group.



b) Botulinum Toxin A (Botox) - inhibits the release of acetyl choline, and is presently used to treat a variety of conditions across specialties. The office treatment [bladder injections] is well tolerated, and addresses not only the hyperactive detrusor muscle [efferent nerves], but also the hypersensitive bladder receptors [afferent nerve] that contribute to refractory OAB. While not yet approved by the FDA, multicenter trials show a 70% response rate in OAB (wet and dry). Response is temporary, with an average retreatment interval of 7.5 months.

These effective, reversible minimally invasive office therapies will transform our options for a large subset of patients with refractory OAB, and will be first-line therapeutic options where medications are either contraindicated or not tolerated.





DID YOU KNOW?

Adjuivant Flomax to help ureteral colic.

Many recent studies have shown the efficancy of adding the oral alpha blockers, (Flomax) for treatment and prevention of ureteral colic. The drug reduces ureteric muscle spasm and relaxes the lower urinary tract (hence its use in BPH) to help the spontaneous passage of small stones (and fragments after lithotrypsy.)

A 7-14 day course is reasonable and no titration is necessary. After my introduction of this concept, the use of Flomax has now been adopted by our Emergency physicians and should be used by primary care practitioners.

Mission Statement

Advanced Urology is dedicated to partnering with patients and healthcare practioners to provide the highest standard of urological care

"We do not see things as they are, we see things as we are."
The Talmud

Are you aware?

Dr. Freedman, along with other local urologist, are now servicing a urology clinlc at the Forest Road Health and Wellness Clinicfor Medi-Cal and underinsured patients at 193 S. Fairview, Suite B in Sonora (on the 2nd and 4th Friday's of the month.) Have your patients register and call 536-5110.

We appreciate your feedback:

(Circle One)

I found this newsletter to be helpful and informative? Yes No

I would like to receive future issues? Yes No

Would you like to receive this newsletter by mail, email or both?_____

Email Address?_____

Do you know others who would like to receive this newsletter?

NAME_____CONTACT:_____

Is your office interested in educational lunch sessions? Yes No

We will provide lunch. How many providers in your office?_____

Please call the office with any questions (209) 532-5244

Please fax back to (209) 532-5247 - Advanced Urology

Look for future upcoming Newsletters

1. "Do your going patients have growing problems?
(a review of the newest technologies for the treatment of BPH & lower urinary tract symptoms.)
2. Female incontinence. "Slings & Things." (the latest in minimally invasive surgeries and office based rehabilitation therapies.)
3. Hematuria (when, where, and how to worry!)

Advanced Urology
680 Guzzi Lane, Suite 203
Sonora, CA 95370
Phone: (209) 532-5244 Fax: (209) 532-5247
www.advancedurologyca.com