BÖLÜM 9

Üriner İnkontinansta Medikal Tedaviler

Mehmet Fatih ŞAHİN [1]

GİRİŞ

Üriner inkontinans, istemsiz idrar sızıntısı olarak tanımlanmaktadır (1). Toplumda oldukça sık karşılaşılan bir problem olup kadınların %25-45'ini etkilediği düşünülmektedir (2). Psikolojik yönden olumsuz yanları olmakla birlikte geri planda kalmış da bir sağlık problemidir. Yüksek prevalansa rağmen inkontinans, yetersiz tanı ve tedavi alan bir durumdur. Bu şikâyeti olan kadınların sadece %25'i tedavi ararken bunların da ancak yarısı tedavi alabilmektedir (3). Tedavi edilmemiş inkontinans düşme ve fraktürlerle, uyku bozukluklarıyla, depresyon ve idrar yolu enfeksiyonları ile ilişkilidir (4). Tedavisinde konservatif yöntemler, yaşam tarzı ve davranış değişiklikleri, pelvik taban egzersizleri, medikal tedaviler ve cerrahi yaklaşımlar yer almaktadır. Diğer tedavi yaklaşımlarından başka bölümlerde bahsedilmiş olup bu kısımda sadece üriner inkontinansta medikal tedavilerden bahsedilecektir.

HASTALIĞA GENEL BAKIŞ

Sıkışma tipi idrar kaçırma (StİK) kişinin ani, zorlayıcı bir işeme isteği hissettiğini bildirmesiyle ilişkili üretral orifisten istemsiz sızıntının gözlemlenmesidir (1). Stres tip idrar kaçırma ise spor aktiviteleri gibi efor veya fiziksel efor içeren, hapşırma veya öksürme ile birlikte istemsiz idrar kaçırma tipidir (1). Taşma tipi idrar kaçırma; herhangi bir neden olmadan aşırı (fazla) dolu bir mesanenin

[1] Uzm. Dr., Çorlu Devlet Hastanesi, Üroloji Kliniği, mfatihsahin@gmail.com, ORCID iD: 0000-0002-0926-3005

SONUÇ

İdrar kaçırma, yaşam kalitesini oldukça kötü etkileyebilen bir durumdur. İlaç teknolojisindeki gelişmeler sayesinde birçok farklı farmakolojik tedavi yöntemi ile durumun önüne geçilmesi hedeflenmiş ve başarılı da olunmuştur. Halen üzerinde çalışmalar devam eden moleküller olmakla birlikte daha az yan etki profili ve daha etkin bir tedavi sağlayacak yeni moleküllerin de bulunması hedeflenmelidir.

KAYNAKLAR

1. D'Ancona CD, Haylen BT, Oelke M, et al. An International Continence Society (ICS) Report on the Terminology for Adult Male Lower Urinary Tract and Pelvic Floor Symptoms and Dysfunction. Neurourol Urodyn, 2019; 38(2):433-477. Doi: 10.1002/nau.23897.
2. Milsom I, Altman D, Lapitan MC, et al. Epidemiology of urinary (UI) and faecal (FI) incontinence and pelvic organ prolapse (POP). Incontinence. 2009; 4:35-111.
3. Minassian VA, Yan X, Lichtenfeld MJ, et al. The iceberg of health care utilization in women with urinary incontinence. Int Urogynecol. 2012;23(8):1087-1093. Doi: 10.1007/s00192-012-1743-x.
4. Brown JS, McGhan WF, Chokroverty S. Comorbidities associated with overactive bladder. Am J Manag Care. 2000; 6(11) (suppl): 574-579.
5. Abrams P, Andersson KE, Birder L, et al. Evaluation and treatment of urinary incontinence, pelvic organ prolapse, and fecal incontinence. Neurourol Urodyn. 2010;29(1):213–240. Doi:10.1002/nau.20.870
6. Cipullo LM, Zullo F, Cosimato C, et al. Pharmacological treatment of urinary incontinence. Female Pelvic Med Reconstr Surg. 2014 Jul-Aug;2 0(4):185-202. Doi: 10.1097/SPV.0000000000000076
7. Andersson KE, Chapple CR. Oxybutynin and the overactive bladder. World J Urol. 2001;19(5):319. Doi: 10.1007/PL00007103
8. Hussain RM, Hartigan-Go K, Thomas SHL, et al. Effect of oxybutynin on the QTc interval in elderly patients with urinary incontinence. Br J Clin Pharmacol. 1996;41(1):73–5. Doi: 10.1111/j.1365-2125.1996.tb00161.x
9. Appell RA, Sand P, Dmochowski R, et al. Overactive bladder: judging effective control and treatment study group. Prospective randomized controlled trial of extended-release oxybutynin chloride and tolterodine tartrate in the treatment of overactive bladder: results of the OBJECT Study. Mayo Clin Proc. 2001;76(4):358. Doi:10.4065/76.4.358
10. Davila GW, Daugherty CA, Sanders SW. A short-term, multicenter, randomized double-blind dose titration study of the efficacy and anticholinergic side effects of transdermal compared to immediate release oral oxybutynin treatment of patients with urge urinary incontinence. J Urol. 2001;166(1):140. Doi: 10.1016/S0022-5347(05)66095-8
11. Dmochowski RR, Sand PK, Zinner NR, et al. Comparative efficacy and safety of transdermal oxybutynin and oral tolterodine versus placebo in previously treated patients with urge and mixed urinary incontinence. Urology. 2003b;62(2):237. Doi: 10.1016/S0090-4295(03)00356-X
12. Sand PK, Davila GW, Lucente VR, et al. Efficacy and safety of oxybutynin chloride topical gel for women with overactive bladder syndrome. Am J Obstet Gynecol. 2012a;206(2): 168. e1–168.e6. Doi: 10.1016/j.ajog.2011.08.005
13. Siddighi, S., & Chuan, S. Medicine used in urogynecology. Urogynecology and Female Pelvic Reconstructive Surgery: Just the Facts. New York, NY: 2006. McGraw-Hill-Medical Publishing Division.

14. Stöhrer M, Madersbacher H, Richter R, et al. Efficacy and safety of propiverine in SCI-patients suffering from detrusor hyperreflexia—a double-blind, placebo-controlled clinical trial. Spinal Cord. 1999; 37:196. Doi: 10.1038/sj.sc.3100750
15. Brown JH, Taylor P. Muscarinic receptor agonists and antagonists. Goodman & Gilman's the pharmacological basis of therapeutics. 2006; 11:183-200.
16. Urinary incontinence in women: the management of urinary incontinence in women. National Collaborating Centre for Women's and Children's Health. Royal College of Obstetricians and Gynaecologists, September 2013.
17. Novara G, Galfano A, Secco S, et al. Systematic review and meta-analysis of randomized controlled trials with antimuscarinic drugs for overactive bladder. Eur Urol.2008;54(4):740–63. Doi:10.1016/j.eururo.2008.06.080
18. Khullar V, Rovner ES, Dmochowski R, et al. Fesoterodine dose response in subjects with overactive bladder syndrome. Urology. 2008;71(5):839. Doi:10.1016/j.urology.2007.12.017
19. Homma Y, Yamaguchi O. Long-term safety, tolerability, and efficacy of the novel anti-muscarinic agent imidafenacin in Japanese patients with overactive bladder. Int J Urol.2008;15(11):986–91. Doi: 10.1111/j.1442-2042.2008.02152.x
20. Thüroff JW, Bunke B, Ebner A, et al. Randomized, double-blind, multicenter trial on treatment of frequency, urgency and incontinence related to detrusor hyperactivity: oxybutynin versus propantheline versus placebo. J Urol.1991; 145:813. Doi: 10.1016/S0022-5347(17)38459-8
21. Cardozo L, Hebdorfer E, Milani R, et al. Solifenacin in the treatment of urgency and other symptoms of overactive bladder; results from a randomised, doubleblind, placebo-controlled, rising dose trial. BJU Int.2008; 102:1120–7. Doi: 10.1111/j.1464-410X.2008.07939.x
22. Salvatore S, Serati M, Bolis P. Tolterodine for the treatment of overactive bladder. Expert Opin Pharmacother.2008;9(7):1249. Doi:10.1517/14656566.9.7.1249
23. Zinner N, Gittelman M, Harris R, et al. Trospium chloride improves overactive bladder symptoms: a multicenter phase III trial. J Urol.2004;171(6Pt. 1):2311. Doi: 10.1097/01.ju.0000127742.73136.0c
24. Fröhlich G, Burmeister S, Wiedemann A, et al. Intravesical instillation of trospium chloride, oxybutynin and verapamil for relaxation of the bladder detrusor muscle. A placebo controlled, randomized clinical test. Arzneimittelforschung.1998;48(5):486.
25. Lee SH, Chung BH, Kim SJ, et al. Initial combined treatment with anticholinergics and alpha-blockers for men with lower urinary tract symptoms related to BPH and overactive bladder: a prospective, randomized, multicenter, double-blind, placebo-controlled study. Prostate Cancer Prostatic Dis.2011;14(4):320–5. Doi: 10.1038/pcan.2011.22
26. Chapple CR, Dvorak V, Radziszewski P, et al. A phase II dose-ranging study of mirabegron in patients with overactive bladder. Int Urogynecol J.2013; 24:1447–58. Doi: 10.1007/s00192-013-2042-x
27. Lose G, Jorgensen L, Thunedborg P. Doxepin in the treatment of female detrusor overactivity: a randomized double-blind crossover study. J Urol.1989; 142:1024. Doi: 10.1016/S0022-5347(17)38976-0
28. Kaplan SA, Gonzalez RR, Te AE. Combination of alfuzosin and sildenafil is superior to monotherapy in treating lower urinary tract symptoms and erectile dysfunction. Eur Urol.2007; 51:1717–23. Doi: 10.1016/j.eururo.2007.01.033
29. Abrams P, Kelleher C, Staskin D, et al. Combination treatment with mirabegron and solifenacin in patients with overactive bladder (OAB)—efficacy results from a phase 2 study (Symphony). J Urol. 2013;189(4, Suppl.): e803.
30. Amend B, Hennenlotter J, Schäfer T, et al. Effective treatment of neurogenic detrusor dysfunction by combined high-dosed antimuscarinics without increased side-effects. Eur Urol.2008;53(5):1021–8. Doi: 10.1016/j.eururo.2008.01.007

31. Chung DE, Te AE, Staskin DR, et al. Efficacy and safety of tolterodine extended release and dutasteride in male overactive bladder patients with prostates >30 grams. Urology.2010;75(5):1144–8. Doi: 10.1016/j.urology.2009.12.010
32. Tincello DG, Kenyon S, Abrams KR, et al. Botulinum toxin A versus placebo for refractory detrusor overactivity in women: a randomised blinded placebo-controlled trial of 240 women (the RELAX study). Eur Urol. 2012;62(3):507–14. Doi: 10.1016/j.eururo.2011.12.056
33. Cardozo L, Lose G, McClish D, et al. A systematic review of the effects of estrogens for symptoms suggestive of overactive bladder. Acta Obstetr Gynaecol Scand.2004c; 83:892. Doi: 10.1080/j.0001-6349.2004.00581.x
34. Millard RJ, Moore K, Rencken R, et al. Duloxetine vs placebo in the treatment of stress urinary incontinence: a four-continent randomized clinical trial. BJU international.2004;93(3):311-318. Doi: 10.1111/j.1464-410X.2004.04607.x