

Commentary: The Impetus to Explore Alternative Courses of Treatment for Overactive Bladder

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Received: August 14, 2022;

Accepted: August 24, 2022;

Published: August 26, 2022

Citation: Orlin Yaacov. Commentary: The Impetus to Explore Alternative Courses of Treatment for Overactive Bladder. J Clin Med Current Res. (2022);2(2): 1-2

1. Background

Twenty-five million Americans and 200 million people worldwide suffer from incontinence and overactive bladder syndrome (OAB), costing the US economy upward of \$80 billion annually [1]. According to the CDC, the average patient suffers for over six years before consulting their doctor about their bladder issues, 64% of patients that discuss their symptoms with a physician reach the conclusion that OAB is an illness that they are just going to have to live with [2]. 92% of all OAB patients have discontinued treatment due to lack of efficacy or adverse effects within two years [2]. Recently approved drug classes, including beta-3 adrenergic agonists and advances in neuromodulation along with the acceptance of telemedicine and big-data-driven care, lead this author to believe that it is time to rethink the paradigm of OAB care.

2. Main text

The current AUA Guideline for treating non-neurogenic overactive bladder [2] follows a linear pathway starting with patient education/behavioral treatment followed by antimuscarinics. As many as 80% of patients experience these adverse effects, and the fact that these drugs on average only provide a 50% reduction in symptoms explains the need to treat only patients with the most severe cases of OAB with antimuscarinics. Patients perceive hesitance to prescribe drugs as a lack of hope for them to overcome their OAB.

Drugs like Mirabegron [3] have demonstrated similar efficacy to anti-muscarinics with reduced rates of adverse events. Advances in big-data-driven care solutions for patient education and behavioral training have gained patient acceptance and positive outcomes for neuromodulation weight loss devices [4]. For OAB, homecare neuromodulation devices like the Zida Control Sock (ZIDA® - Exodus Innovations, Sufa, Israel) [5] have shown initial clinical responses that are equivalent to transcutaneous posterior tibial nerve stimulation devices with an efficacy rate of 80% and no significant adverse events.

The emergence of homecare neuromodulation for the effective treatment of OAB enables clinicians, particularly primary care physicians, to change the horizon of care for OAB. An envisioned revised care pathway could call for the simultaneous implementation of behavioral modification education and homecare delivery of neuromodulation. The primary benefit of this proposed change would be to convince the universe of OAB patients that we, your healthcare professionals, can help you manage your OAB. This is particularly important given that there is no cure for OAB while understanding that we have an expanding and changed toolkit to help patients manage their OAB.

3. Conclusion

As agents for patient success and quality of life, we are compelled to reimagine the prospects and treatment pathways for OAB patients. Integrating new diagnostic, therapeutic, and communication tools is vital to creating patient trust and belief in our ability to help them through their OAB symptoms. The bar for us to overcome is high since our patients' natural inclination is to avoid seeking treatment due to embarrassment or the belief that OAB is untreatable and unmanageable. The time is right for us to actively engage and explore this brave new world.

4. References

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