

## EDITOR'S PAGE

# Antimuscarinics for the treatment of neurogenic detrusor overactivity



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Dear *Spinal Cord* Reader,

The review of this issue analysed oral antimuscarinics in adults suffering from neurogenic detrusor overactivity (NDO). Madersbacher *et al.* could include 30 studies (16 randomised controlled trials) enrolling 1479 patients. They conclude that antimuscarinics are effective in NDO, they normalize the intravesical pressure and increase cystometric bladder capacity. Contrary to idiopathic detrusor overactivity (IDO) no placebo effects manifested. Incidence rates of adverse events were comparable for NDO and IDO. Other important parameters, such as impact on the upper urinary tract function and morphology, continence, post void residual urine, catheterisation, urinary tract infections, and quality of life need to be studied better.

Two other urological papers are presented: Jia *et al.* found that detrusor botulinum toxin injection significantly decreased urinary tract infection in SCI patients with NDO. The effect seemed to be related to the decrease of detrusor pressure. Welk *et al.* found surgically treated upper tract kidney stones in 1.3% of patients. Ureteroscopy with lithotripsy was the most common treatment. A history of surgically managed kidney stones prior to SCI corresponded with a higher risk of stones after SCI.

Arbour-Nicitopoulos *et al.* developed a brief, evidence-based toolkit, for leisure time physical activity to assist adults with SCI in meeting the Physical Activity Guidelines. This SCI Get Fit Toolkit contains images of adults with tetraplegia and paraplegia, and links to more detailed on-line information.

Street *et al.* found that using the previously validated Spine Adverse Events Severity system in individuals with traumatic SCI captured more individuals experiencing adverse events and more adverse events per person compared to ICD-10 codes.

Zhang *et al.* show with impressive pictures that computed tomographic angiography gives a good imaging of the less common rupture of the anterior spinal artery in acute cervical SCI.

New and McFarlane describe a fair survival of individuals with spinal cord infarction after discharge from inpatient rehabilitation, notwithstanding the occurrence of risk factors of vascular disease in many patients.

Kong *et al.* warn us that mean arterial blood pressure (MAP) and spinal cord perfusion pressure (SCPP), even in an acute SCI referral center, when prospectively scrutinized, may frequently fall below the intended targets. Awareness is needed.

Veeravagu *et al.*, in a retrospective nationwide inpatient sample of 284 612 individuals with vertebral column fracture, found those with SCI patients more at risk for acute respiratory distress syndrome/acute lung injury, which carries a significantly higher risk of mortality.

More interesting clinical and animal studies are to be found in this issue: Cristante *et al.* on the benefit of combining an antidepressant and treadmill gait training for improving functional deficits in rats with experimental, acute SCI; Yuen on the benefit of an oral home telecare program for improving gingival health among adults with tetraplegia; Nwankwo *et al.* on epidemiological and treatment profiles of SCI individuals in Southeast Nigeria; Fortmann *et al.* on satisfaction with life amongst veterans with SCI.

Two interesting case reports and one letter to the editor, related to rehabilitation.

Enjoy reading.