deemed 'precipitated' ($n = 75,979$). One-year mortality was significantly higher among men with precipitated AUR than among those with spontaneous AUR (25.3% vs 14.7%). Mortality increased with age in both patient groups; however, relative to the general population, the increase in mortality associated with AUR was highest in the youngest patients (standardized mortality ratio 10.0 for patients with spontaneous AUR aged 45–54 years vs 1.7 for those aged ≥85 years). The presence of at least one major comorbid condition, as defined by Charlson score, was also significantly associated with increased mortality in both spontaneous and precipitated AUR. The relative increase in mortality was again greatest in the youngest patients.

Mortality is high among patients admitted to hospital with AUR, and it increases with age. The presence of comorbidity, defined by Charlson score or indicated by precipitated AUR, further increases the risk of death. Men presenting with AUR represent a vulnerable patient group and should be comprehensively investigated and treated for comorbid disease.

Original article Armitage JN *et al.* (2007) Mortality in men admitted to hospital with acute urinary retention: database analysis. *BMJ* **335:** 1199

Yoga improves premature ejaculation

Researchers in India have evaluated yoga as a treatment for premature ejaculation. Dhikav *et al.* recruited 68 patients with premature ejaculation; patients chose either a 12-week course of yoga or pharmacological treatment with fluoxetine (20–60 mg/day for 12 weeks), and were assessed 4 and 8 weeks after treatment.

Yoga was practiced by 38 patients, and 30 took fluoxetine. The yoga regimen was aimed at improving the muscle tone and plasticity of the pelvic and perineal muscles. Improvements observed after 4 weeks were not significant. At 8 weeks, all patients in the yoga group and 25 patients (82.3%) in the fluoxetine group had significant improvements in ejaculatory latency time. The mean ejaculatory latency time improved from 33.2 s to 112.8 s in the yoga group, and from 29.9 s to 64.1 s in the fluoxetine group ($P < 0.0001$ for both). In the yoga group, the effects of treatment were rated by the patients' wives; improvement was reported as good in 25 patients and fair in 13. Nausea was reported by 14 patients in the fluoxetine group as an adverse effect; other adverse effects reported in this group were insomnia, vomiting and anxiety. No adverse events were reported in the yoga group.

The authors conclude that yoga is a safe, well-tolerated and effective treatment for premature ejaculation. The positive effect of yoga on premature ejaculation might be due to improvement in anxiety control.

Original article Dhikav V *et al.* (2007) Yoga in premature ejaculation: a comparative trial with fluoxetine. *J Sex Med* **4:** 1726–1732

Repeat injections of botulinum A toxin effectively treat neurogenic detrusor overactivity

Injection of botulinum toxin type A into the detrusor smooth muscle is a minimally invasive treatment for incontinence related to neurogenic detrusor overactivity; re-injection is usually necessary because treatment efficacy starts to decrease after around 7 months. Although single injections have been confirmed as safe and beneficial in patients with this disorder, studies to evaluate repeated injections have not provided conclusive findings; therefore, Reitz *et al.* evaluated the clinical and urodynamic medium-term safety and efficacy of repeated injections.

The study included 20 consecutive patients (median age 41.1 years at first injection; 13 males) with neurogenic detrusor overactivity who had received at least five intradetrusor injections of botulinum toxin type A (Botox®, Allergan, Irvine, CA). Indication was incontinence. The 19 patients receiving anticholinergics at baseline continued treatment during the study. Urodynamic parameters were evaluated at baseline and ~4–8 weeks after each injection; urodynamic data were available for all patients at baseline and for assessments performed after 84% of the injections in the study population. After the first injection, voiding pressure, reflex volume, maximum cystometric bladder capacity and urinary incontinence improved significantly, and the improvements in these urodynamic parameters were sustained after each repeat injection. No toxin-related adverse effects were recorded for a total of 100 injections (20 × 5) analyzed.