INCONTINENCE

OnabotulinumtoxinA safer than abobotulinumtoxinA for OAB

Data from a recent study suggest that abobotulinumtoxinA (Dysport®, Irvine Ltd, UK) is almost twice as likely to cause symptomatic urinary retention requiring intermittent self-catheterization (ISC) than onabotulinumtoxinA (Botox®, Allergan Inc., USA) when used to treat overactive bladder (OAB).

Ravindra *et al.* examined 207 patients with non-neurogenic OAB who received treatment at their institution (Nottingham Urology Centre, UK) with either abobotulinumtoxinA (500U) or onabotulinumtoxinA (200U). All patients had persistent symptoms following bladder retraining, pelvic floor exercises, and treatment with at least two anticholinergic medications.

From January to December 2009, all patients at the clinic were given onabotulinumtoxinA ($n = 101$); however, in December 2009, clinicians switched to prescribing abobotulinumtoxinA ($n = 106$). The investigators reported similar reductions in daytime frequency,

nocturia, and incontinence episodes for both preparations, with no noticeable difference in the duration of effect (almost 11 months for both toxins). 81% and 90% of patients receiving onabotulinumtoxinA and abobotulinumtoxinA, respectively, reported an improvement in their symptoms, although this difference was not statistically significant.

A significant difference was reported, on the other hand, in the rates of symptomatic urinary retention requiring ISC. Of the patients who received abobotulinumtoxinA, 42% required ISC, compared with only 23% of those receiving onabotulinumtoxinA.

“As a result of this study, the Nottingham Urology Centre has reverted to using onabotulinumtoxinA and would encourage other centres to audit their experiences with either formulation,” says Pravisha Ravindra, who led the research. “There may be fundamental differences between the effects of these drugs. Or it may be that abobotulinumtoxinA requires

a much lower dose than previously assumed in order to avoid unacceptable rates of retention and ISC.”

The authors acknowledge that an important limitation of this study is its retrospective nonrandomized single-centre design. “Our study highlights the need for a randomized controlled trial to compare the two formulations,” recommends Ravindra.

Melanie Clyne

Original article Ravindra, P. *et al.* Botulinum toxin type A for the treatment of non-neurogenic overactive bladder: does using onabotulinumtoxinA (Botox®) or abobotulinumtoxinA (Dysport®) make a difference? *BJU Int.* doi:10.1111/bju.12028