Discussion. – The possibility of thiamine deficiency should not be raised only with chronic alcoholic patients, but also in a context of chronic undernutrition often hidden. The urinary disorders are not always at the forefront of neurological semiology and can have a central or peripheral appearance. They must be sought and managed in case of neurological impairment. Their functional prognosis is often favorable.

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P048-e

Mestinon 60 mg in the treatment of diabetic cystopathy: Our experience about 24 cases

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Keywords: Mestinon; Diabetes underactive bladder

Objective. – Mestinon 60 mg is a parasympathomimetic, cholinesterase inhibitor, which contains the active pyridostigmine which extends and enhances the effects of muscarinic and nicotinic acetylcholine. It is usually used in the treatment of myasthenia and intestinal atony, its use as a treatment for hypo-active bladder of diabetic subject is recent and has shown excellent results.

The aim of this study is to provide the results of our experience.

Materials and methods. – Twenty-four diabetic patients with underactive bladder confirmed by urodynamic studies were treated with Mestinon 60 mg dose to one tablet twice per day, the evaluation was clinical, ultrasound and urodynamics.

Results. – The average patient age was 59 years, the median duration of diabetes before treatment was 11 years, diabetes type I was interested in 88% of patients. Treatment with 60 mg Mestinon restored a good clinical improvement with 96% of cases.

No adverse effects were noted except for one case of diarrhea. During the median follow-up to 3 years, the results were stable.

Discussion. – Excellent results of Mestinon and lack of side effects, this treatment needs to be prescribed as first line diabetes underactive bladder.

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P049-e

Metabolic syndrome and urinary disorders

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Keywords: Metabolic syndrome; Obesity; Diabetes; Overactive bladder

Introduction. – Lower urinary tract symptoms (LUTS) are under-evaluated in the metabolic syndrome (MS). Many factors in this syndrome are implicated to develop LUTS. The goals of this study were to analyze the frequency of the LUTS in patients with MS and to examine the potential role of MS components in the development of LUTS.

Methods. – We used urinary symptom profile (USP) to evaluate LUTS. The physical examination included: weight, waist circumference, body mass index (BMI) and blood pressure looking for orthostatic hypotension. The following laboratory data were obtained: fasting blood sugar, postprandial glycemia, glycosylated hemoglobin (HbA1c), HDL cholesterol, LDL cholesterol, triglycerides and total cholesterol.

Results. – The average age of 34 enrolled patients was 56.2 ± 9.2 years and 58.8% of patients were female. All patients had diabetic and hypertension therapy. The mean of BMI was 30.2 ± 6.2 cm. USP total score was 4.8 and waist circumference 9.2 years and 58.8% of patients were female. All patients had diabetic and hypertension therapy. The mean of BMI was 30.2 ± 4.8 and waist circumference 107.8 ± 9.3 cm. USP total score was 8.3 ± 6. Twenty-nine patients had overactive bladder symptom, and 13 patients had urinary incontinence. The overactive bladder USP score was positively correlated with age, waist circumference, BMI and postprandial glycemia. The other components of MS did not correlate with urinary symptoms. Total USP score and sub-score USP overactive bladder symptom, and 13 patients had urinary incontinence. The overactive bladder USP score was positively correlated with age, waist circumference, BMI and postprandial glycemia. The other components of MS did not correlate with urinary symptoms. Total USP score and sub-score USP were more altered in patients with involvement of the automatic nervous system, but not significantly.

Discussion. – The most frequent urinary symptom in the MS was overactive bladder and urinary incontinence. The components of MS that influenced the USP score were abdominal obesity and hyperglycemia. The hypothesis of link between MS and overactive bladder in diabetic patients with MS is plausible.

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