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CO15-003-e
Variability of voiding diary data after stroke
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Keywords: Voiding diary; Stroke; Urinary disorder
Urinary disorders after stroke are recurrent [1,2] usually correlated to severe incontinence after stroke. Stroke 2001;32:122–7.


In this study, we propose to determine the variability and the validity of voiding diary data in patients after stroke.

Prospective study including 15 patients admitted after stroke.

We proceed to the realization of a 3 days voiding diary. The data are collected by nurse and then examined using SPSS 14.0 software.

Good reproducibility is noted for diurnal and nocturnal urinary frequency and for mean minimal and maximal voiding volume. However, the mean void volume was higher on the second day compared to the first day. Regarding the RPM medium, minimum and maximum, no statistically significant variation was observed during the three days.

The voiding diary represents a further important assessment of vesico-sphincter disorders with recognized superiority over medical history data [3,4].

This study highlights the lack of significant change for the majority of items supplied in patients who experienced a stroke. However, work on a larger scale is needed to establish the reproducibility of the data set of voiding diary, including a performance period of potential to be adapted according to study objectives, the patient included and frequency of any vesico-sphincter disorders mentioned.

References

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Evaluation of urinary disorders after stroke in geriatric SSR

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Keywords: Elderly; Stroke; Urinary disorders
Urinary disorders after stroke are predictive of worse functional outcome. They are not well studied in the older population.

Objectives – Investigate the prevalence of different types of urinary disorders, factors associated with their existence and evolution, and how we can care for patients over 75 years hospitalized in SSR in the aftermath of stroke.

Methods – Retrospective study of 88 patients over 75 years hospitalized in SSR Geriatric unit at Bordeaux University Hospital in the aftermath of a stroke between January 1st and December 31, 2010. The data analyzed related comorbidities (CIRS-G), associated treatments, date, type and topography of stroke, and clinical presentation (NIHSS and Barthel scores, cognition, description of urinary disorders and their management).

At 1 month and 2 months post-stroke we evaluated the persistence or not of urinary disorders and type of care, Barthel score, the presence or absence of a urinary tract infection.

Results – The mean age was 84 years. The prevalence of urinary disorders in the initial assessment was 68.2% including 35.2% of retentions. Situational incontinence was the most frequent and increased to 2 months. The existence of urinary disorders was related to the NIHSS score, with aphasia, a low Barthel and a urinary tract infection. The progression of Barthel and the existence of a retention supported by hetero-intermittent catheterization were associated with more favorable evolution.

The hetero-intermittent catheterization was an independent predictor of favorable evolution of urinary disorders.

Discussion – Our results confirm the usefulness of hetero-intermittent catheterization even in this population and the relationship between functional improvement and favorable evolution of urinary disorders. Particular attention to situational incontinence should be given in these elderly patients.

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Influence of ice water test on first desire to void on cystometry: Retrospective study of 165 patients

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Keywords: Cystometry; Need to void; Ice water test

Aims – Need to void and cold perception during bladder filling (CPBF) are mediated by different pathways respectively fibers A delta (mechanoreceptor) and C (thermal receptors (TRPM8)) [1], but could cold water bladder filling interact on need to void? The aim was to study the effect of cold water bladder filling on need to void.

Material and methods – All patients who had underwent during 2010 a cystometry at 100 mL/min with ambient temperature water followed by a cystometry at 100 mL/min with 4 °C water (ice water test, IWT) in order to search a detrusor overactivity were included. Patients who did not mention any need to void during one of the cystometries were excluded. Volumes at first need to void were compared using paired student t test.

Results – One hundred and sixty five patients had been included (83 women, 82 men) mean age 49.9 years, (sd 14.2 min 16 max 81) of whom 102 had neurologic disease. Twenty-eight patients had detrusor overactivity on ambient temperature cystometry (ATC) and 42 on IWT.

Mean cystometric capacity was 433.4 mL (sd 107.3 min 91 max 831) for ATC and 379.9 mL (sd 104.4 min 78 max 865) for IWT (P = 2.17E-10).

Mean volume at first need to void was 275.9 mL (sd 117.4 min 16 max 690) for ATC and 219.5 mL (sd 117.2 min 29 max 635) for IWT (P = 6.9E-10).

Comments – Ice Water Test [2] is currently used to detect a detrusor overactivity giving evidence of C-reflex reactivation in spinal cord lesion or bladder outlet obstruction.

First need to void sooner arised with ice water test suggested a direct urethral sensitisation or modification of the spinal modulation of A delta afferent message by the preceding C fibers message, or even modification of the cortical integration of A delta afferent signal.

Conclusion – First need to void seemed to arise sooner with cold bladder filling than with ambiant temperature giving evidence of interaction between those sensory pathways.

References
CO15-006-e
Urinary disorders in cerebral palsy: An epidemiological survey
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Keywords: Cerebral palsy; Urinary disorders
A questionnaire about urinary problems was sent to the network users of the network BreizhPC in order to have epidemiological data in adults with cerebral palsy.

Results.– One hundred and eighty-two replies, of the 600 letters sent, were obtained. The population consists of 92 men and 90 women, mean age 38.2 ± 12 years. Fifty-eight live at home with 17 couples, 36 in the parental home, and 86 in institution.

Ninety-three people say they suffer from urinary problems, while 77 use currently protections.

Urinary tract infections were statistically more prevalent in women. Incontinence (89 persons), 29 patients have presented febrile urinary tract infections.

Incontinence was reported by 102. Outside leaks, the main complain is urge incontinence (89 persons), 29 patients have presented febrile urinary tract infections.

Urinary problems are also common in both sexes; against leakage but urinary tract infections were statistically more prevalent in women.

A large majority consulted for these disorders, but only 29 said they had received treatment, while 77 use currently protections.

Discussion.– The literature data on urinary problems in adult subjects with cerebral palsy are rare and concerned only small populations.

The results of this study showed a high frequency of these disorders. Urinary troubles are probably undervalued and trivialized, including incontinence, with little therapeutic responses adapted.

Conclusion.– Routine screening of urinary disorders is necessary in adults with cerebral palsy to improve comfort and reduce the risk of complications.

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CO15-007-e
Neuro-urological disorders and urological complications in adult patients with cerebral palsy. A cohort study about 71 patients
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Keywords: Cerebral palsy; Renal insufficiency; Neuro-urological disorders; Urinary incontinence; Urinary infection
Background and purpose.– Patients with cerebral palsy (CP) may present neuro-urological disorders (NUD) which can lead to potentially severe urological complications. However, the incidence and the characteristics of these disorders are poorly known. The management remains imprecise and difficult. Patients with PC are followed in rehabilitation centre for various reasons, but the NUD are not often mentioned.

Methods.– Medical files of adults with CP were retrospectively studied between 2008 and 2011 in the rehabilitation centre of the Toulouse University system hospital. Epidemiological data, the presence of NUD and urological complications were collected.

Results.– Seventy-one patients were followed in our department. The mean age of the patients was 28 ± 11 SD. There were 34 women and 37 men.

The NUD were explored in 24 patients. Among them, 13 patients had bladder voiding disorders and 15 filling disorders. Complications on the lower urinary tract were found in six patients, and on the upper urinary tract in 11 patients. A renal insufficiency assessed by a 24-hour creatinine clearance was found in 24 patients.

Among the 47 other patients, nine patients expressed NUD, like urinary incontinence, retention, or infection. They were not investigated yet.

Conclusions.– Neuro-urological disorders in adult patients with PC are not rare. They can induce serious complications. Renal insufficiency must be searched to adapt drug dosages, and in some cases, to begin an adapted coverage. It seems licit to further explore these NUD, especially since the patient is symptomatic.

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Communications affichées
Version française

P045-f
Un Ditropan© ça va, six Ditropan©. Bonjour les dégâts !
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Mots clés : Anticholinergique ; Addiction ; Vessie neurologique
Dans le cas d’une atteinte médullaire avec rétention chronique et hyperactivité détrusorienne avec régime de hautes pressions, il est souvent proposé en première ligne thérapeutique l’association d’un traitement anticholinergique associé à la pratique des autosondages urinaires.

Observation.– Il s’agit d’un patient de 35 ans victime d’un AVP en mai 2007 responsable d’une fracture écrasement de L1 avec recul du mur postérieur et tableau clinique de cône médullaire. Il présente aussi une addiction à de multiples toxiques (alcool, cannabis, rivotril, artane…). Le 1er BUD retrouve une hyperactivité détrusorienne avec pressions au-delà de 40 cm d’H2O. Un traitement par Ditropan© 3cp/j est introduit. Il pratique les autosondages. En 2011, le patient sollicite l’équipe médicale quatre fois pour renouvellement de son ordonnance égarée. Le contact avec la pharmacienne révèle un approvisionnement hebdomadaire du traitement prévu pour un mois. Le patient avouera secondairement une utilisation abusive de son traitement. Selon ses propos « Un comprimé ça fait rien mais six c’est bien, c’est comme l’Artane ». Il déclare une sensation de flottement, de force décuplée, une diminution de sa virilité et un sentiment de toute puissance, un effet dopant : proximité avec amphétamines, crack, ecstasy. Il est souvent absorbé avec une boisson contenant de la caféine : café, soda, boisson énergisante du type « Red Bull » afin de prolonger l’effet psychostimulant et de limiter l’effet annéanti. Il fait l’objet d’un important trafic à la Réunion vendu au prix de 10 € le comprimé (« grain »). En France, le mésusage d’Artane est une spécificité réunionnaise. Dans le monde, on retrouve son usage toxicomanogène au Brésil, dans les pays du Maghreb ainsi qu’au Moyen-orient. L’utilisation abusive de Ditropan© (oxybutynine) n’est pas décrite dans la littérature à notre connaissance.

Pour en savoir plus

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P046-f
Délai d’efficacité des anticholinergiques dans l’hyperactivité vésicale neurogène
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