postprandiale, l’hémoglobine glyquée (HbA1c), cholestérol total, triglycérides, HDL-CT et LDL-CT.

Résultat.—La moyenne d’âge des 34 patients inclus était de 56,2 ± 9,2 ans et 58,8 % des patients étaient de sexe féminin. Tous les patients inclus étaient diabétiques et hypertendus sous traitement. L’IMC moyen était de 30,2 ± 4,8 et le tour de taille moyen de 107,8 ± 9,3 cm. Le score USP total était de 8,3 ± 6. 29 patients avaient un syndrome clinique d’hyperactivité vésicale et 13 patients avaient une incontinence urinaire d’effort. Le sous-score USP hyperactivité vésicale était positivement corrélé à l’âge, la valeur de tour de taille, à l’IMC et à la glycémie postprandiale. Les autres paramètres du SM n’étaient pas corrélés aux symptômes urinaires. Le score USP total et sous-score hyperactivité vésicale USP étaient plus altérés chez les patients avec atteinte du système nerveux autonome mais sans différence significative.

Discussion.—Les symptômes urinaires les plus fréquemment rencontré au cours du SM étaient l’hyperactivité vésicale et l’incontinence urinaire à l’effort. Les paramètres du SM qui influençent le score USP étaient l’obésité abdominale et l’hyperglycémié. L’hypothèse d’un lien entre SM et hyperactivité vésicale chez les patients diabétiques avec un SM est donc plausible.

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English version

P045-e

One Ditropan® is fine, but six. Beware of the havoc!

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Keywords: Addiction; Oxybutynine; Neurogenic bladder
For spinal cord injury patients with chronic bladder retention/paraplegia and high pressure/contractile detrusor overactivity, a combination first line therapy is often proposed associating an anticholinergic agent (oxybutynin) with bladder self-catheterization.

We present the case of a 35-year-old patient with paraplegia since May 2007 due to a traumatic 11 crush fracture leading to posterior displacement of the posterior wall and the clinical features of equina cauda symptoms. The patient also had a history of addiction to multiple toxic substances (alcohol, cannabis, rivotril, amoxycil...). The first urodynamic evaluation found an overactive bladder with dangerously high pressures (> 40 cm H2O). Treatment with Ditropan® (oxybutynin) three pills per day was introduced, together with self-catheterization.

In 2011, it is noted that the patient solicited the medical team four times in order to renew his “lost” prescriptions. Contact with the pharmacist revealed a weekly supply of the pill initially prescribed for one month. The patient eventually admitted missing the treatment. In his words “One pill doesn’t do anything, you really feel the difference with 6! It’s like Artane.” He reported a floating sensation, an over surge in strength, with a decrease in spasticity and a few palpitations.

Discussion.—Since the 1970s, Artane® (trihexyphenidyl) has been the leading drug addiction in Reunion Island. The intended effect is euphoria, psychic stimulation with a sense of omnipotence and a stimulating effect close to amphetamines, crack and ecstasy. It is often absorbed with a caffeinated drink: coffee, soda, energy drinks like “Red Bull” in order to prolong the psychostimulant effect and limit the amnesia. There is an important black market for Artane® in Reunion Island where it is sold for 5–10 € the tablet. In France, misuse of Artane is a specificity of Reunion Island. Worldwide, it is hugely consumed in Brazil, the North African countries and the Middle East. To our knowledge misuse of Ditropan® (oxybutynin) has not yet described so far in the medical literature.

Further reading

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P046-e

Time of anticholinergics efficacy in overactive neurogenic bladder

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Keywords: Anticholinergics; Antimuscarics; Neurogenic bladder; Detrusor overactivity; Urodynamics
Aims/Purpose.—Appreciate the time of clinical and urodynamic anticholinergics efficacy (Oxybutynin, Trospium) used in detrusor neurogenic overactivity.

Material and methods.—Our study includes ten neurologics patients hospitalized in our center and followed prospectively in the first half of 2012. All of them are under intermittent self-catheterization (ISC) and all have incontinence urinary by neurogenic detrusor overactivity. They have a clinical and urodynamic assessment before anticholinergic treatment. The clinical assessment (functional bladder capacity, voiding diary, leak frequency) as urodynamic (Maximal bladder capacity, compliance and detrusor contraction amplitude) are made between day 3 and day 7.

Results.—After 5 day of treatment, antimuscarinic drugs have a dual efficacy:
– clinical: 60% of continents patients without any leak;
– urodynamic: maximal bladder capacity (MBC) > 400 mL and detrusor contraction amplitude (DCA) < 20 cm H2O in 50% of patients.

Discussion/conclusion.—Anticholinergics have a clinical and urodynamic efficacy in 30% of spinal cord injured patients and still remain the first line treatment of neurogenic overactive bladder. Their time of efficacy is not specified in the literature.

Our study reveals a short time of efficacy allowing the treatment adaptation on average of 5 days.

Further reading

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P047-e

Neurological bladder complicating encephalitis of Gayet Wernicke: Case report

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Keywords: Encephalitis of Gayet Wernicke; Thiamine deficiency; Pregnancy vomiting; Bladder disorders
Introduction.—Neurological damage caused by thiamine’s deficiency are most often related to chronic alcoholic intoxication. Vomiting in pregnancy are rarely post in question. The association with bladder disorders is exceptional.

Observation.—We report the case of a patient aged 39 years with no significant medical history. At 9 weeks pregnancy, she presented uncontrollable vomiting with anorexia and secondary, occurrence of tetraparesis with ataxia, headache, memory impairment, associated with urinary disorders (retention, dysuria). The diagnosis of encephalitis of Gayet Wernicke by vitamin B1 deficiency was made. The patient received supplementation with vitamin B1 associated with a high protein and high-calorie diet with a good evolution of the general plan. Intermittent catheterisation were necessary after removal of the catheter associated with an adequate sensorimotor rehabilitation.