P045-e
One Ditropan® is fine, but six. Beware of the havoc!
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Keywords: Addiction; Oxybutynin; Neurogenic bladder
For spinal cord injury patients with chronic bladder retention/paraplegia and high pressure/acontractile 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 L1 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, amphetamine...). 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 reported a few palpitations. Since the 1970s, Artane® (trihexyphenidyl) has been the leading drug addiction in Reunion Island where it is sold for 5.10. In order to prolong the drug addiction in Reunion Island. The intended effect is euphoria, psychic dependence, and memory impairment, associated with urinary disorders (retention, dysuria). The misuse of Ditropan® has not yet described so far in 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 anticholinergic 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. They have a clinical and urodynamic assessment before anticholinergic treatment. They have a clinical and urodynamic assessment before anticholinergic treatment. They have a clinical and urodynamic assessment before anticholinergic treatment. They have a clinical and urodynamic assessment before anticholinergic treatment. They have a clinical and urodynamic assessment before anticholinergic treatment. They have a clinical and urodynamic assessment before anticholinergic treatment. They have a clinical and urodynamic assessment before anticholinergic treatment. 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