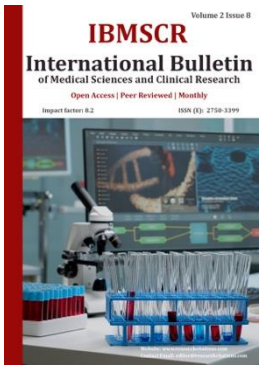


# IMPACT OF OAB ON THE QUALITY OF LIFE

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https://doi.org/10.5281/zenodo.10910232

**Annotation.** Overactive bladder syndrome (OAB) is a clinical syndrome with or without urgency incontinence, usually associated with frequent urination and nocturnal urination. To date, it has been established that detrusor hyperactivity is the cause of frequent and urgent urination in most patients. The problem of diagnosis and successful treatment of patients with OAB is a problem that requires the involvement of doctors of various specialties, primarily urologists, neurologists and neurosurgeons. In many cases, attention is paid to the fact that it is impossible to determine the real cause of the development of OAB, which requires the continuation of research aimed at determining the etiological factors of OAB [Mazo E. B., Krivoborodov G. G. Hyperactive urinary bladder //Consilium medicum. - 2003. - T. 5. – no. 7. - S. 405-411].

**Key words.** overactive bladder, conservative treatment, quality of life.

**Relevance.** Recently, assessment of the role of the functional component in the development of urinary disorders such as stress urinary incontinence (SUI) combined with urge incontinence in the form of overactive bladder has become especially relevant. Urodynamic examinations together with detrusor overactivity also reveal signs of SST [Neimark A.I., Razdorskaya Miroslava Vitalevna, Voytenko A.N. Hyperactive urinary bladder and ginseng with stress-induced bladder dysfunction // Andrology and genital surgery. 2013. No. 1.].

C. Hampel and co-authors, after examining data from 21 epidemiological studies conducted worldwide, found that the prevalence of ST in the group of women aged 30 to 60 years was 21.5%, and in the group of women over 60 years of age it was 44 reported that it was % [Hampel C, Weinhold D, Benken N et al. Prevalence and Natural History of Female Incontinence. Eur Urol 2007; 32 (Suppl. 2): 3–12].

**Aim of the study.** Impact on the quality of life of conservative treatment methods for patients with OAB.

**Materials and methods.** The study was based on the clinical and laboratory examination of 50 patients with overactive bladder syndrome who applied to the urology department of the Samarkand State Medical University in Samarkand and were hospitalized for treatment in 2021-2024.

Inclusion criteria for the study:

- written consent of patients;
- patients with urgent urinary incontinence (URI);
- early stages of stress urinary incontinence
- mixed type of urinary incontinence
- patients of comparable age without severe extragenital pathology;

Exclusion criteria from scientific research:
- presence of descent of urogenital organs
- late stages of stress incontinence
- anatomical abnormalities that cause urinary incontinence
- cystocele 2-3 degrees
- severe extragenital diseases
- oncological diseases
- acute infectious processes

**The examined patients were divided into 2 groups depending on treatment methods (Fig. 1):**

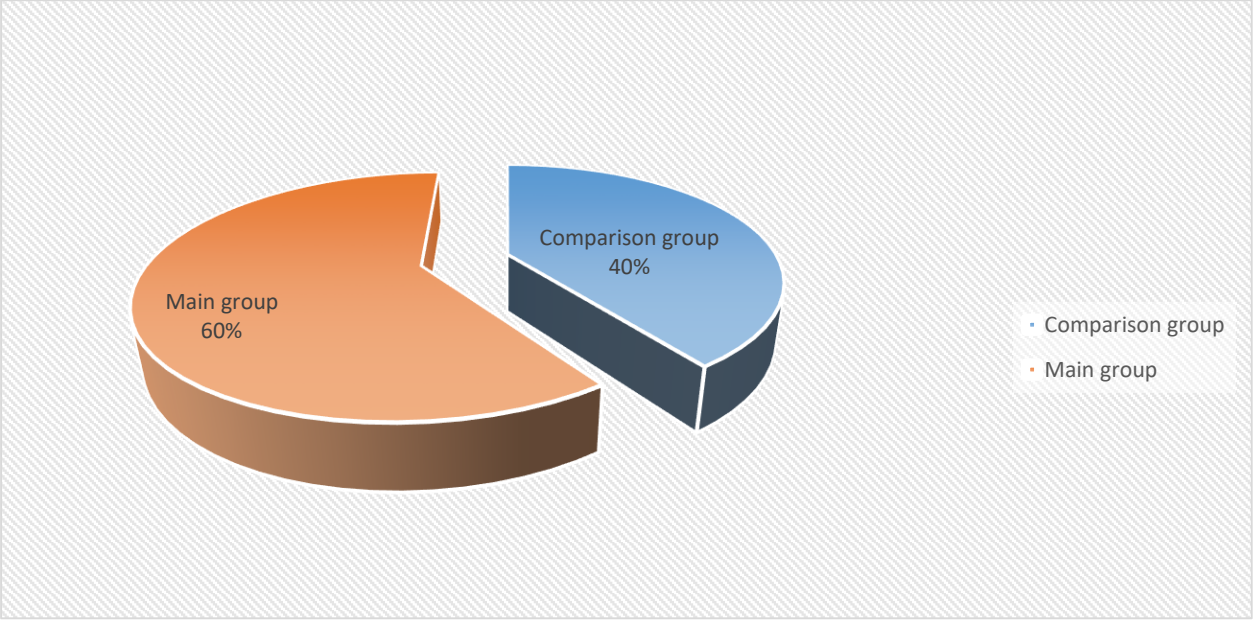


**Figure 1. Distribution of patients with urinary disorders by group**

The comparison group included 20 (40%) patients treated with conventional methods of diagnosis and treatment, and the main group included 30 (60%) patients treated with complex therapy.

The age of the examined patients was from 38 to 65 years. The mean age of patients in the comparison group was 48.2±3.4 years, and in the main group was 49.03±4.12 years, which is shown in Figure 2. by group, respectively.

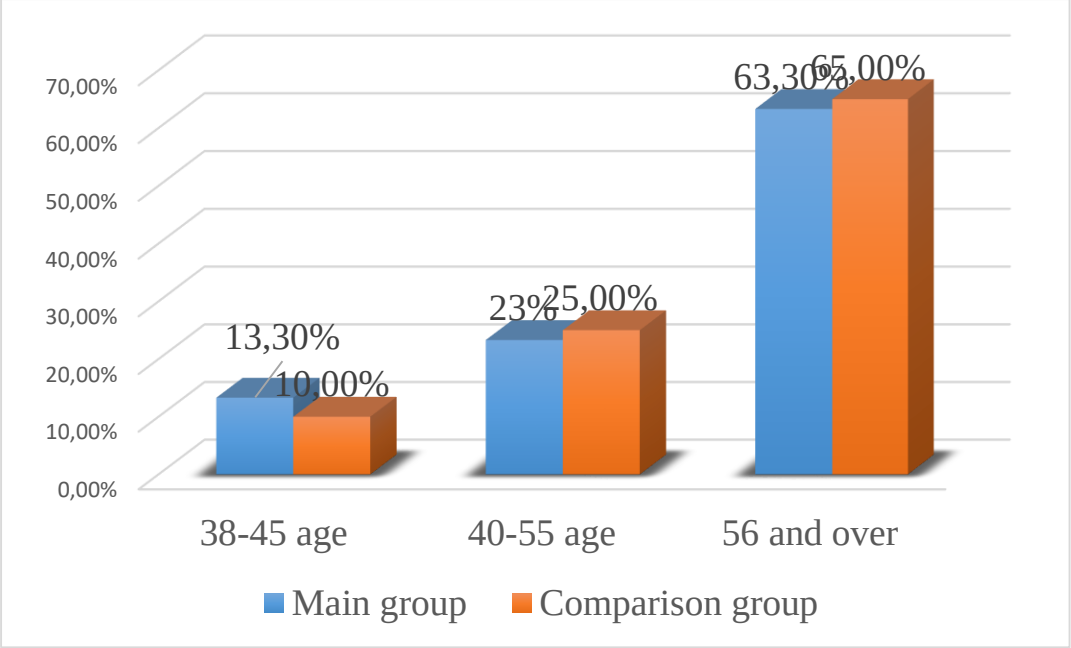


**Figure 2. Distribution of the examined by age groups**

The distribution by gender was dominated by women (73.3% in the main group, 75% in the comparison group). It should be noted that the difference between women and men was significant, that is, men in all studies were aged 55 and over, while women had patients from 38 to 56 years and older.

All patients under observation underwent a thorough study of the somatic, urological, obstetrical and gynecological anamnesis, as well as a careful clinical examination, taking into account the age, the state of the reproductive system. General examination, external and internal urogynecological examination, general clinical analysis of blood and urine were performed. All laboratory analyzes were conducted in the laboratory department.

**Results and discussion.** In our study, according to the method of treatment, 50 patients were divided into 2 groups: main (n=30) and comparison (n=20) groups. Patients of the comparison group were treated conservatively with drugs. In addition to conservative drug therapy, physiotherapeutic method - BQA-training was applied to the main group of patients.

Drug therapy was prescribed according to the type of urinary incontinence. All patients were divided into Urgent Urinary Incontinence and Mixed Urinary Incontinence in Stress Overactive Bladder Syndrome (diagram 1).

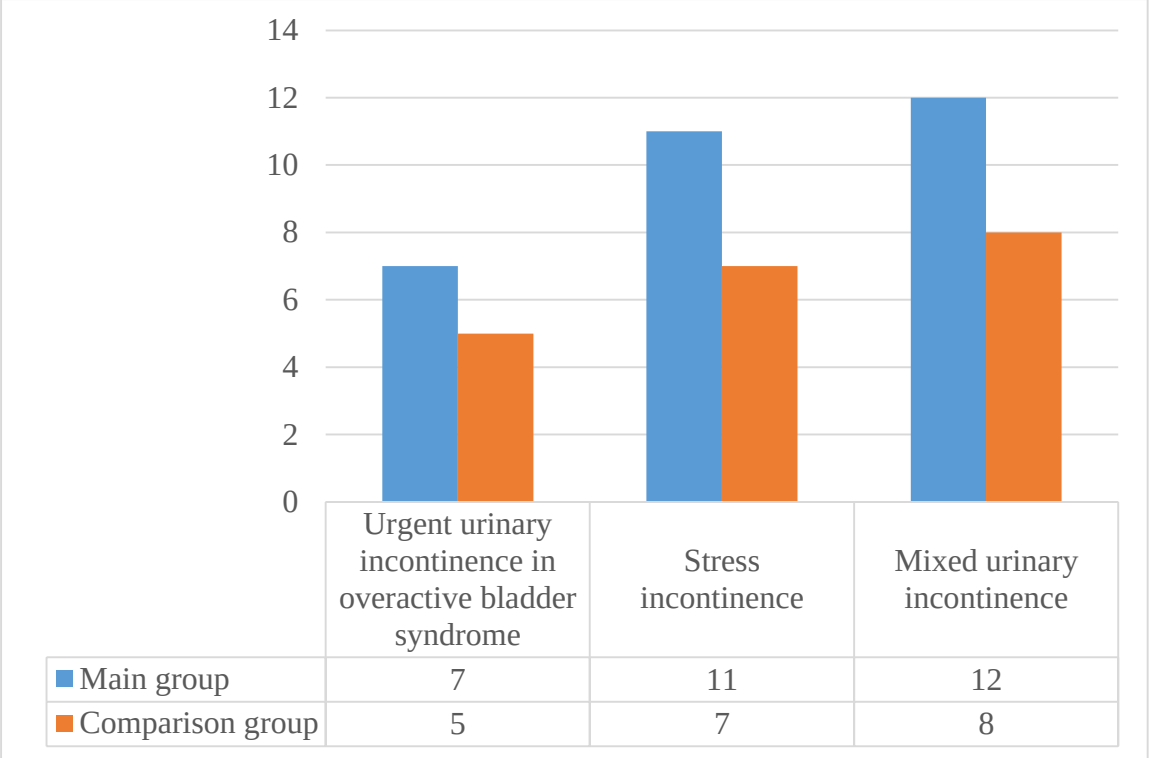


**Diagram 1. Separation of patients of the main and comparison groups according to UI type**

For the treatment of urinary incontinence in hyperactive bladder syndrome, we used drugs of the M-cholinoblockers group. The mechanism of action of M-cholinoblockers is to block the muscarinic receptors of the urinary bladder, preventing the interaction of the mediator acetylcholine with them. Thus, the effect of acetylcholine on the detrusor is reduced or completely stopped, as a result of which its activity is reduced. In the treatment of detrusor hyperactivity, two types of M-cholinoblockers, differing in chemical structure, are used - tertiary and quaternary amines (oxybutynin, trospium chloride), which are the first-line drugs for hyperactive bladder syndrome and ST. Oxybutynin was prescribed in a dose of 2.5 to 5 mg 3-4 times a day (maximum dose 20 mg/day).

The duration of the daily procedure varies between 15-30 minutes. The treatment course consists of 15 treatments. If necessary, repeated courses of BA-therapy (2-3 times a year) can be conducted to enhance the clinical effect.

A total of 12 women with UI in OAB (5 comparison group and 7 main group) were prescribed beta-3-adrenomimetics with M-cholinoblockers during the first period of treatment. As a result, out of a total of 12 women, only 2 (3.33%; 5%) had a therapeutic effect from drug therapy and a positive result was obtained. When BQA was prescribed to 7 patients in the main group, positive dynamics were observed in all of them, and UI symptoms were completely eliminated in 3 patients.

Patients with the stress form of UI were prescribed antidepressants as a conservative treatment and the outcome was evaluated after 1 month. 7 people (35%) in the comparison group and 11 people (36.7%) in the main group had ST of this form.

At the same time as conservative treatment, training physiotherapeutic treatment method was applied to women of the main group. At this stage, the effectiveness of treatment was noted as positive in only 2 women (10%) in the comparison group, and in 8 women (26.7%) in the main group. At this stage, we can see that the effectiveness of complex treatment is

several times higher than that of conventional treatment. Analysis of the obtained results showed that 17 (56.7%) patients in the main group did not have ST cases after complex treatment from GAQS, this indicator was recorded in 4 (20%) patients in the comparison group, which is instead proves the effectiveness of complex therapy very reliably (P<0.001).

**Conclusion.** Analysis of the dynamics of the results of examinations of women with urinary incontinence by means of non-invasive special tests before and after treatment showed that after complex treatment 56.7% of patients did not have spontaneous urination during the tests, 43.3% of the main group patients did not fully recover, but reported positive results in terms of overall symptoms and a significant reduction in UI episodes. In 4 patients (20%) of the comparison group, spontaneous urinary excretion was not observed at all, and in the remaining 60%, the number of excretions decreased, but complete recovery was not observed, and in 20% of patients, there was no overall change before and after treatment.

As a result of the tests, all patients had the result of treatment. However, according to the results of the effectiveness, more patients of the main group had complete treatment compared to the comparison group. It is worth noting that during the course of treatment, they noted changes in positive dynamics from severe UI to mild UI, which led to a spontaneous reduction in the need for surgical treatment, as well as an improvement in the overall quality of life.

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