A commentary on “8 versus 12 weeks of percutaneous tibial nerve stimulation and response predictors for overactive bladder”

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This retrospective study aimed to compare the success rates after 8 vs. 12 weekly PTNS sessions for the treatment of OAB in women. Four hundred seventy women who were eligible for PTNS treatment after having failed conservative management (behavioral modifications and bladder retraining), and if they declined or had a suboptimal response to oral medications, were recruited to the study. The treatment outcome was assessed by Patient Global Impression of Improvement (PGI-I) and Overactive Bladder Questionnaire Short Form (OABq-SF) questionnaires at baseline, 8, and 12 weeks. The success was defined based on the combined scores of the questionnaires.

One hundred thirty-six women did not complete 12 weeks—a treatment discontinuation rate of 29%. Based on both questionnaires' definition of success, 29.9% were successes at 8 weeks and 41.3% at 12 weeks ($p = 0.002$). The success rate at 8 weeks remained lower than that at 12 weeks based on PGI-I score alone (37.4% vs. 53%,

$p < 0.001$), however, not based on OABq-SF alone (59.9% vs. 65.3%, $p = 0.15$). If women who reported “a little better” were also considered treatment successes, rates of success at 8 and 12 weeks were equivalent. Factors significantly associated with success at 12 weeks included neurologic disorder (OR 4.32, 95% CI 1.10–16.04, $p = 0.04$), prolapse surgery history (OR 3.89, 95% CI 1.12–14.49, $p = 0.03$), and vaginal estrogen use (OR 1.76, 95% CI 1.01–3.08, $p = 0.04$).

In summary, the PTNS treatment success rate for OAB in women was greater at 12 weeks than at 8 weeks. Including women who are “a little better,” the success rates were equivalent at about 55%. PTNS is a treatment option with fewer side effects than pharmacologic treatment. The reported low success rate, close to a placebo effect of 30%, is discouraging. However, modifying the treatment protocol to escalate it from the third-line treatment option to the second line, and using implantable devices to overcome cost and office burden, may improve PTNS treatment role in the near future.

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