



Commentary on ‘A systematic review of neurocognitive dysfunction with overactive bladder medications’

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This is a systematic review using Ovid MEDLINE, Embase, and PsycINFO databases between January 1998 and December 2018. The aim of the review was to report cognitive dysfunction with commonly used antimuscarinic overactive bladder medication in patients suffering from overactive bladder disorder with or without baseline neurologic conditions. The population of study included female patients over 18 years of age with overactive bladder. The outcomes included were cognitive decline measured by various cognitive-related assessments and diagnosis of dementia or irreversible cognitive decline.

Cognitive decline was reported with oxybutynin and tolterodine use among patients with and without baseline cognitive impairment. There was no cognitive decline detected among patients with and without baseline cognitive impairment taking trospium, darifenacin, imidafenacin, and fesoterodine. Also of note, solifenacin was not associated with cognitive decline, but was linked with an increased risk of dementia among patients with diabetes.

The authors concluded that beta-3 agonist (mirabegron) should be considered for the treatment of overactive bladder symptoms in patients with baseline cognitive decline. They also suggest that clinicians should be cautious with the use of anticholinergics in diabetic patients. In addition, consideration should be given to the use of posterior tibial sacral nerve stimulation, sacral neuromodulation, and intravesical injection of botulinum toxin A in cases with heightened concern for cognitive decline.

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Declarations

Conflict of interest None.

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