

**Recurrent Urinary Retention
6 months follow-up of elderly patients
who benefited an alternative treatment to
the indwelling catheter after a
multidisciplinary team board.**

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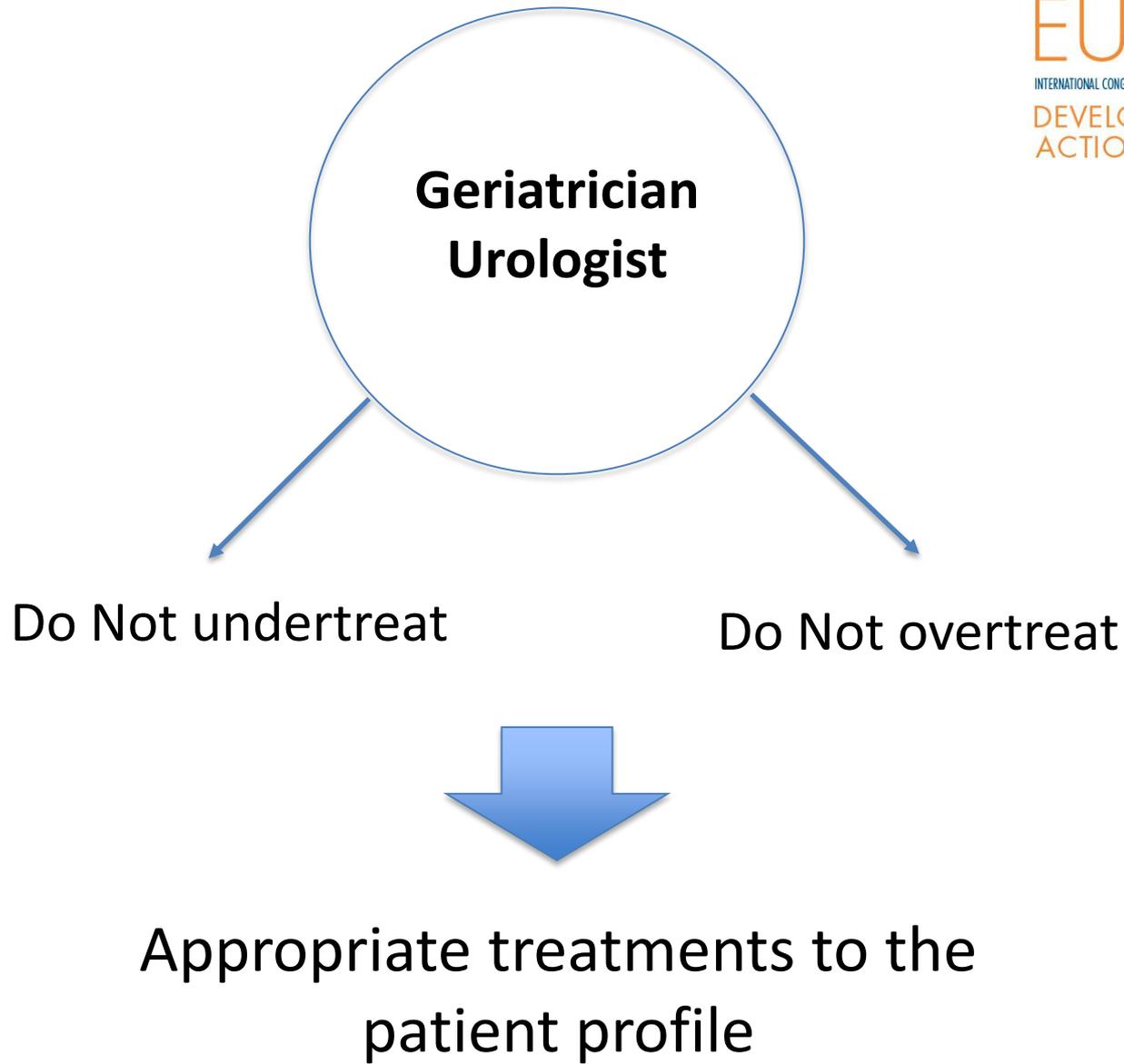
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CONFLICT OF INTEREST DISCLOSURE

I have no potential conflict of interest to report

INTRODUCTION

- The indwelling urinary catheter (IUC) is over used on the elderly with
 - a risk of complications such as infections,
 - impaired quality of life
 - a loss of autonomy
- Alternative treatments (AT) exist but underused
 - No recommendation available
 - Difficulties of decision making



At the Teaching Hospital of Nice

- A standardized multidisciplinary team board was established .
- The aim of the team was to screen patients over 70y who could benefit from an AT option to IUC.
- Screening used comprehensive geriatric assessment.



OBJECTIVES

The aim of our study was to analyze the success rate of alternative treatments to indwelling urinary catheters during a 6 months follow up, after the multidisciplinary team board.



METHODS

INCLUSION CRITERIA

- ≥70 y
- IUC
- Refractory urinary retention

FOLLOW-UP : 6 Months

DURATION: March 2016 to March 2017

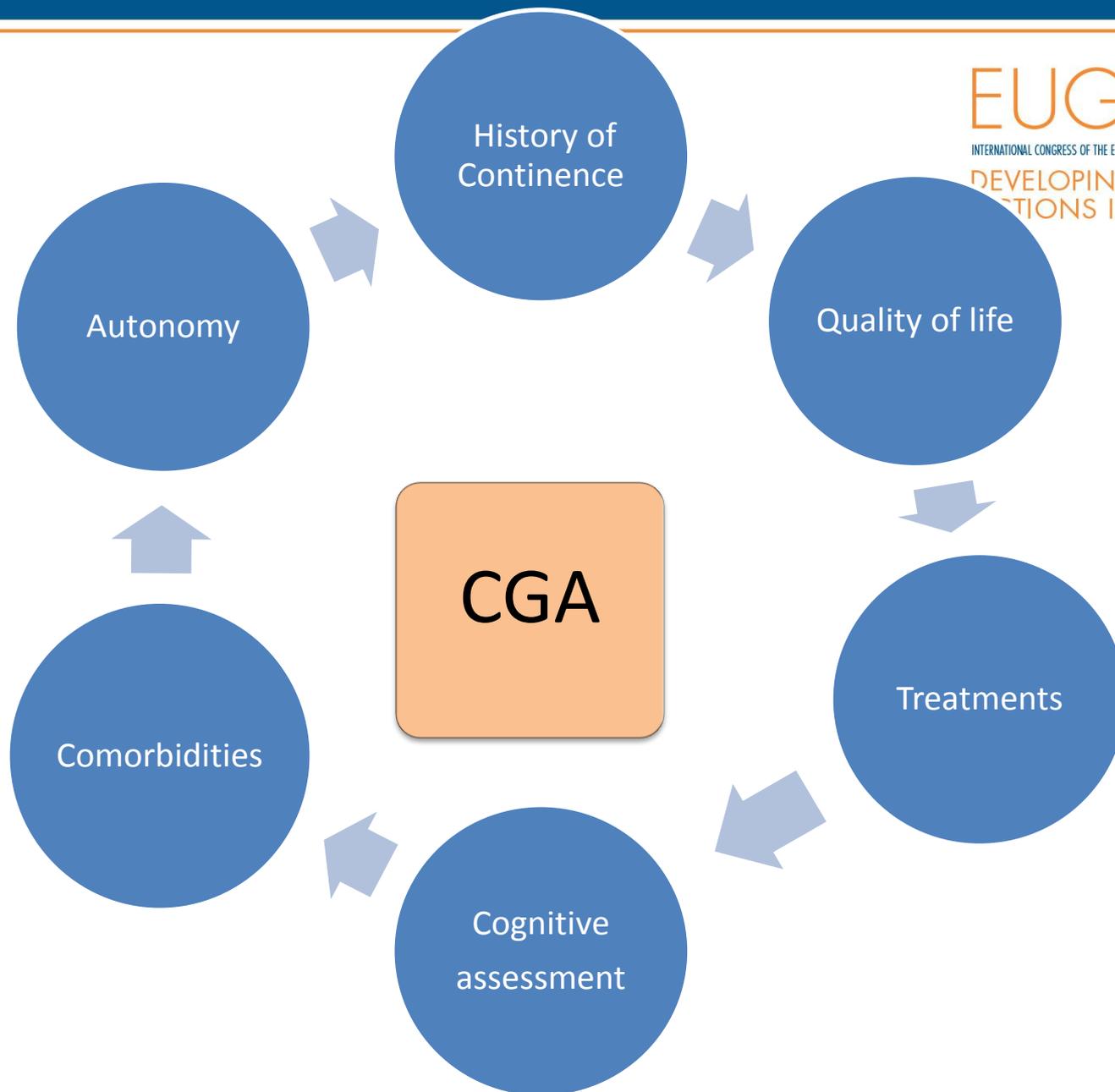
N = 61

CGA

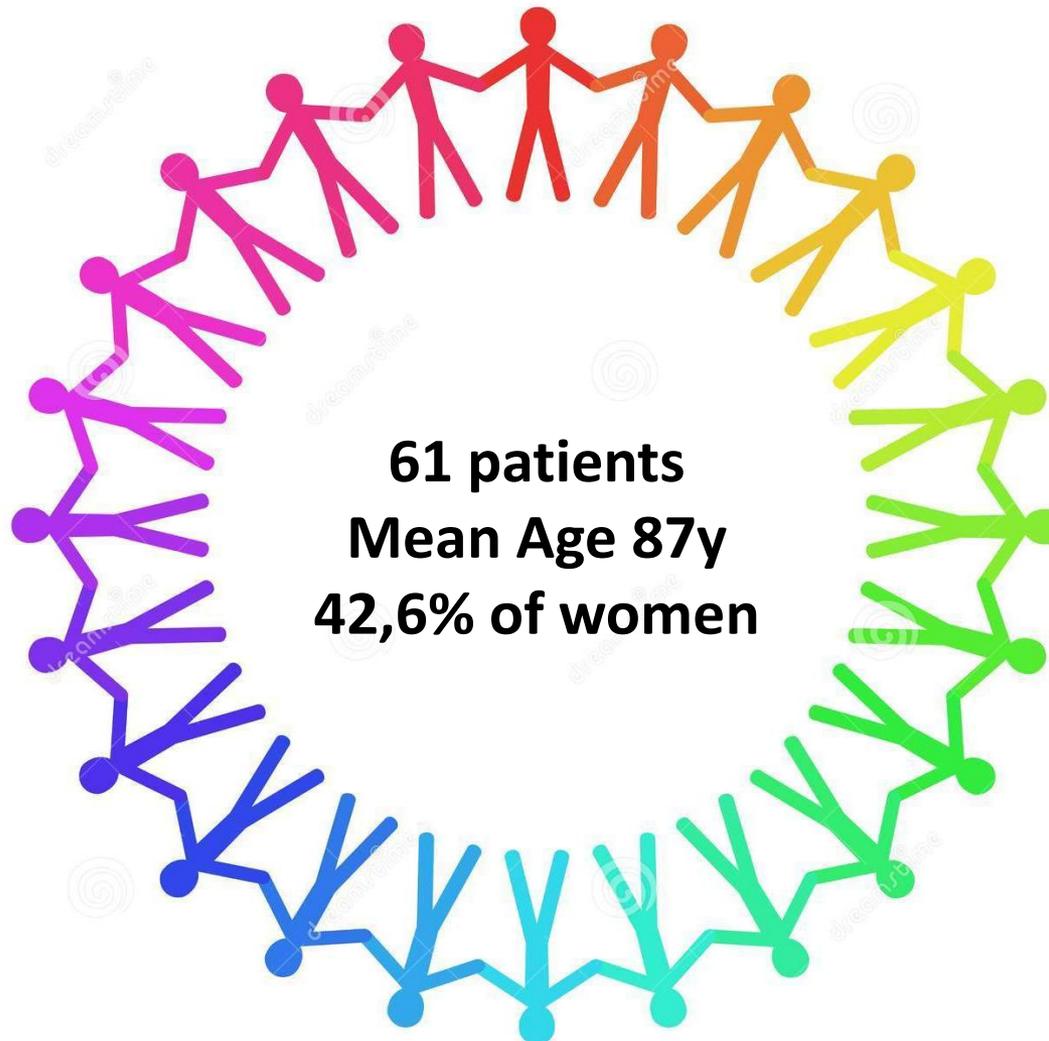
**Decision
Making
Multidisciplinary
Team Board**

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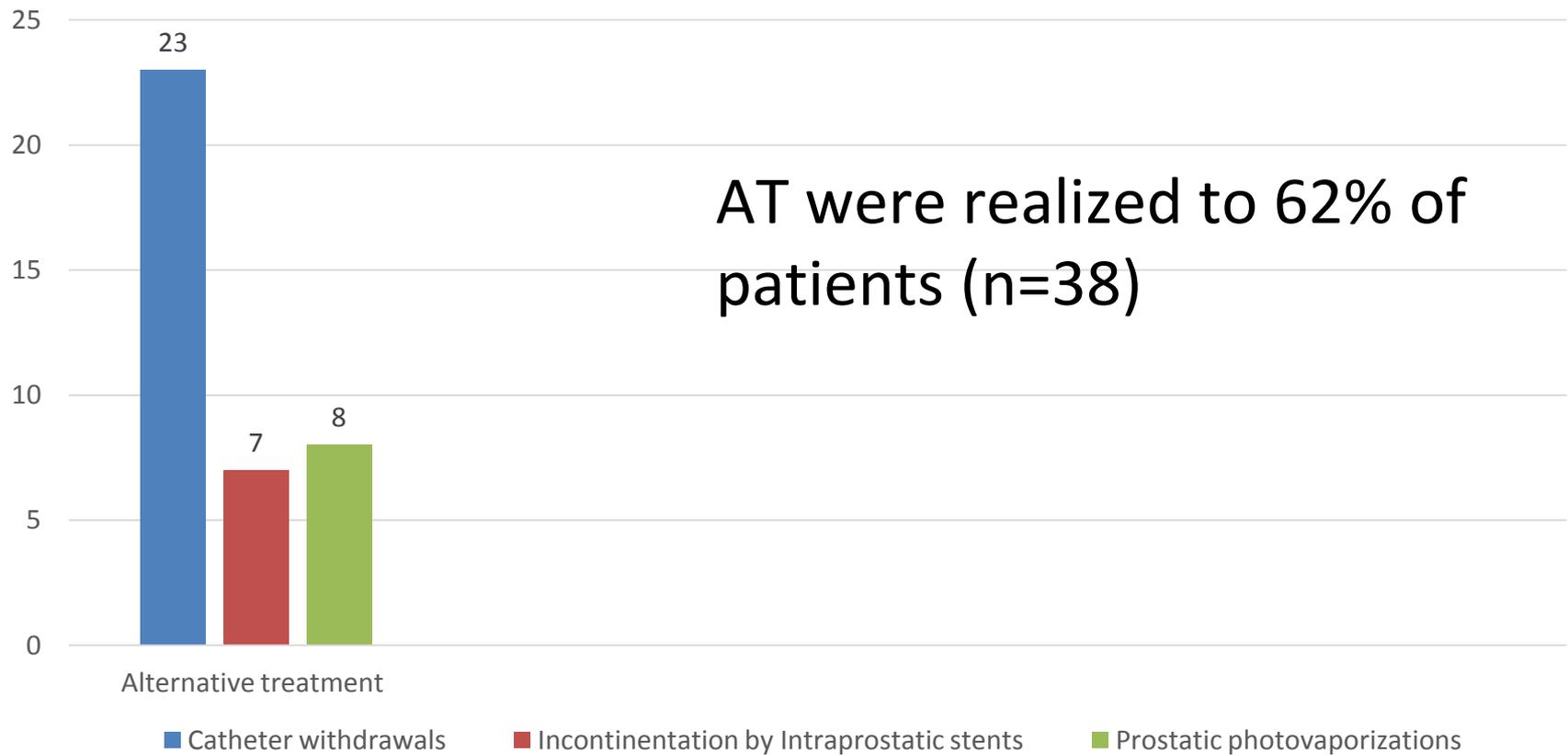
- ✓ **GERIATRIC DATA**
- ✓ **UROLOGIC DATA**
- ✓ **Success rates : 7D, 1M, 3M, 6M**







Alternative Treatments



Alternative Treatments

Overall, the **success rate** was **92.1%** at 7days and raised up to **100%** at 1, 3 and 6-month follow-up.



Table 1 Demographic and clinical characteristics of the patients with a refractory urinary retention (n=61)

	Alternative technics n= 38	IUC n= 23	p value
Characteristics			
Age (years)	85.3	89.3	0.021
Male n (%)	20 (52,6)	15 (65,2)	0.335
Geriatric Assessment			
Neurologic comorbidities n (%)	20 (52.6)	18 (78.9)	0.045
Dementia n (%)	13 (34.2)	14 (60.9)	0.042
Parkinson's disease n (%)	1 (2.6)	3 (13)	0.111
Others	6 (15.8)	3 (13)	0.769
Diabetes	7 (18.4)	8 (34.8)	0.150
Autonomy (ADL <2)	15 (39.5)	18 (78.3)	0.003
Cognitive impairment n (%)	22 (57.9)	18 (78.3)	0.105
Risk of agitation n (%)	13 (34.2)	7 (30.4)	0.761
Urologic assessment			
Urologic comorbidities n (%)	7 (18.4)	10 (43.5)	0.758
Urologic treatment n (%)			
Alpha-blockers	21 (55.3)	14 (60.9)	0.668
Women	3	1	
Men	18	13	
5-alpha-reductase-inhibitors	7 (18.4)	3 (13)	0.582
Plant extract	5 (13.2)	1 (4.3)	0.263
Urinary incontinence n (%)			
Continent	21 (55.5)	17 (47.8)	0.145
Incontinent	3 (7.9)	10 (43.5)	0.001

Patients of the **IUC group** were significantly

- ✓ Older
(89.3 vs 85.3y, p=0.021),
- ✓ very dependent
(ADL <2, 78.3% vs 39.5%, p=0.03)
- ✓ with neurologic comorbidities
(78.3% vs 52.6%, p=0.045)

The death rate

- The **global death rate** of the cohort was at
 - 1 month: 6.6% (n=4),
 - 3 months: 21.3% (n=13),
 - 6 months: 36% (n=22).



- At 6 months, the death rate in the IUC group was higher (65% vs 18.4%, $p=0.01$)

Predictive factors of 6-Months death

- In univariate analysis
 - ✓ Neurologic comorbidities (HR:4,3 [1.2-14.9], p=0.023)
 - ✓ the dependence (ADL<2) (HR:4.9 [1.5-16])
 - ✓ the IUC (HR:5.5 [1.8-17], p=0.003)
- In multivariate analysis
 - ✓ The dependence (ADL<2) (HR:3,9[1.1-13.4], p=0.034)
 - ✓ the IUC (HR: 4.4 [1.4-14.5], p=0.014).

Discussion



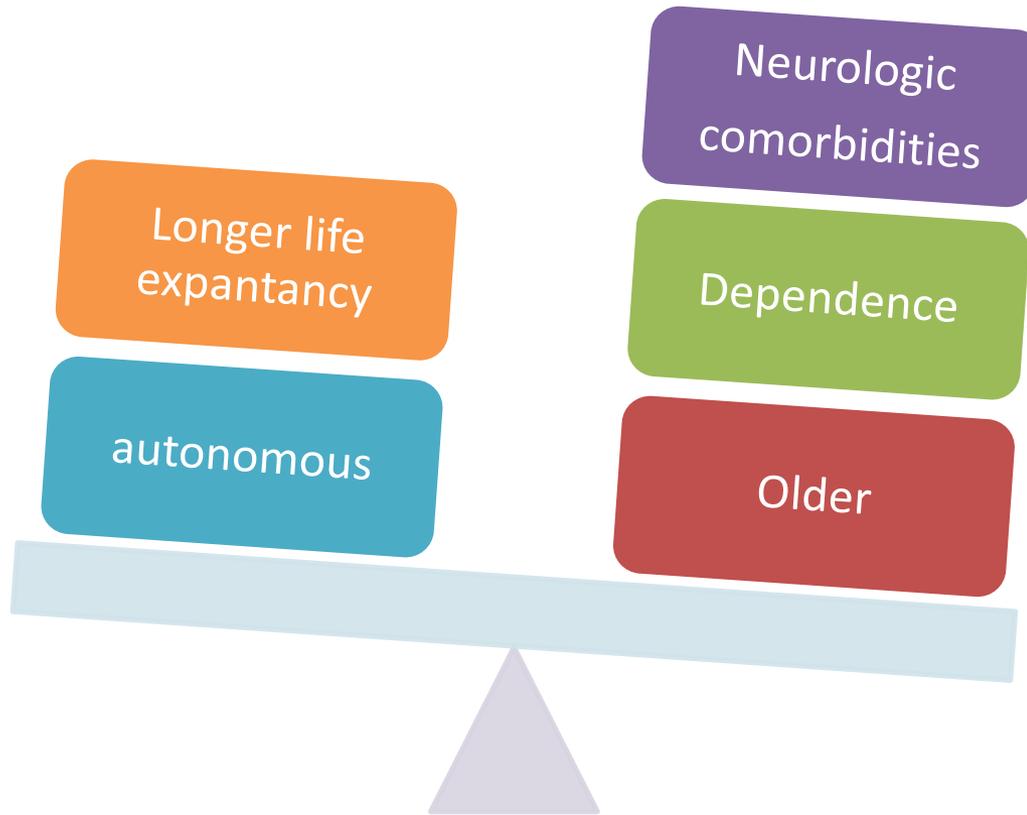
The multidisciplinary analysis



May offer a better chance to deal with IUC with
a steady global success rate of **62%** catheter
withdrawals at 6 months

AT

IUC



Decision Making

Death rate 36 % at 6 months

- Remind the frailty of these dependent patients
- Quality of life need to be the priority
- Due to the high mortality rate in the IUC group, additional data are required to report the relation with IUC

CONCLUSION

IUC

- Is over used on elderly
- Consequences on Qol and autonomy

CGA

- The multidisciplinary analysis may offer a better chance to deal with IUC.
- Importance of the assessment of autonomy and comorbidities

Follow up

- Elevated rate of death at 6 months
- Further studies are needed to determine the impact of IUC and AT on the Qol and risk of death of the most dependent elderly people.