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

C. Rambaud\textsuperscript{1}, M. Durand\textsuperscript{2}, S. Gonfrier\textsuperscript{1}, C. Arlaud\textsuperscript{1}, M. Sanchez\textsuperscript{1}, J. Fallot\textsuperscript{2}, G. Sacco\textsuperscript{1}, O. Guerin\textsuperscript{1}

\textsuperscript{1}University Hospital of Nice, Dept. of Geriatrics, Nice, France, 
\textsuperscript{2}University Hospital of Nice, Dept. of Urology, Nice, France
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
Geriatrician Urologist

Do Not undertreat

Do Not overtreat

Appropriate treatments to the patient profile
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

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

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

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CGA

History of Continence

Autonomy

Quality of life

Treatments

Comorbidities

Cognitive assessment
Results
61 patients
Mean Age 87y
42.6% of women
Alternative Treatments

AT were realized to 62% of patients (n=38)
Overall, the **success rate** was **92.1%** at 7 days and raised up to **100%** at 1, 3 and 6-month follow-up.
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Alternative technics n= 38</th>
<th>IUC n= 23</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>85.3</td>
<td>89.3</td>
<td>0.021</td>
</tr>
<tr>
<td>Male n (%)</td>
<td>20 (52.6)</td>
<td>15 (65.2)</td>
<td>0.335</td>
</tr>
<tr>
<td>Geriatric Assessment</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Neurologic comorbidities n (%)</td>
<td>20 (52.6)</td>
<td>18 (78.9)</td>
<td>0.045</td>
</tr>
<tr>
<td>Dementia n (%)</td>
<td>13 (34.2)</td>
<td>14 (60.9)</td>
<td>0.042</td>
</tr>
<tr>
<td>Parkinson's disease n (%)</td>
<td>1 (2.6)</td>
<td>3 (13)</td>
<td>0.111</td>
</tr>
<tr>
<td>Others</td>
<td>6 (15.8)</td>
<td>3 (13)</td>
<td>0.769</td>
</tr>
<tr>
<td>Diabetes</td>
<td>7 (18.4)</td>
<td>8 (34.8)</td>
<td>0.150</td>
</tr>
<tr>
<td>Autonomy (ADL &lt;2)</td>
<td>15 (39.5)</td>
<td>18 (78.3)</td>
<td>0.003</td>
</tr>
<tr>
<td>Cognitive impairment n (%)</td>
<td>22 (57.9)</td>
<td>18 (78.3)</td>
<td>0.105</td>
</tr>
<tr>
<td>Risk of agitation n (%)</td>
<td>13 (34.2)</td>
<td>7 (30.4)</td>
<td>0.761</td>
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<tr>
<td>Urologic assessment</td>
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<tr>
<td>Urologic comorbidities n (%)</td>
<td>7 (18.4)</td>
<td>10 (43.5)</td>
<td>0.758</td>
</tr>
<tr>
<td>Urologic treatment n (%)</td>
<td></td>
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<td></td>
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<tr>
<td>Alpha-blockers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>3</td>
<td>14 (60.9)</td>
<td>0.668</td>
</tr>
<tr>
<td>Men</td>
<td>18</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>5-alpha-reductase-inhibitors</td>
<td>7 (18.4)</td>
<td>3 (13)</td>
<td>0.582</td>
</tr>
<tr>
<td>Plant extract</td>
<td>5 (13.2)</td>
<td>1 (4.3)</td>
<td>0.263</td>
</tr>
<tr>
<td>Urinary incontinence n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continent</td>
<td>21 (55.5)</td>
<td>17 (47.8)</td>
<td>0.145</td>
</tr>
<tr>
<td>Incontinent</td>
<td>3 (7.9)</td>
<td>10 (43.5)</td>
<td>0.001</td>
</tr>
</tbody>
</table>

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.
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.