

▪ ARTICLES COMMENTS

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Kinjo, M., Masuda, K., Nakamura, Y. et al. Does metabolic syndrome influence the efficacy of mirabegron treatment in female patients with overactive bladder?. Int Urogynecol J 34, 853–859 (2023).

In this article the authors aimed to determine whether the presence of metabolic syndrome (MS) affects the efficacy of mirabegron in the treatment women with overactive bladder (OAB).

Efficacy of treatment with mirabegron 50 mg was compared between women with and without MS by using the OAB symptom score (OABSS) and a 3-day voiding diary before and 12 weeks after starting treatment.

Close to 200 patients completed the trial, and about a quarter had MS. After 12 weeks of mirabegron treatment, both the MS and non-MS groups showed significant improvements in OABSS score, the number of incontinence episodes/24 h, the number of micturition episodes/24 h, and the number of episodes of urgency/24 h. The factors associated with clinically important differences in OABSS were the presence of hyperglycemia and OABSS score at baseline.

The authors concluded that Mirabegron is effective in patients with and without MS, and comorbid hyperglycemia and severe OAB symptoms before treatment are predictors of treatment efficacy.

Nemeth, Z., Kolumban, S., Schmidt, R. et al. Self-management of vaginal cube pessaries may be a game changer for pelvic organ prolapse treatment: a long-term follow-up study. Int Urogynecol J 34, 921–927 (2023).

In this study the authors sought to investigate whether daily self-management of a cube pessary might be a safe, feasible long-term treatment in women with symptomatic pelvic organ prolapse (POP).

A cohort of 214 symptomatic POP patients (stage 2+) were prospectively enrolled. Each patient was size-fitted with a space-filling cube pessary and completed a questionnaire online or by phone ≥ 5 years after her initial fitting. Patient Global Impression of Improvement (PGI-I) was used to measure the change in quality of life (QoL).

Of 185 women 143 (82.2%) used the pessary successfully for ≥ 5 years. Close to 90% of these patients described their condition as much or very much improved compared with their pretreatment status. Adverse secondary effects were infrequent and were mild (smelly vaginal discharge and slight vaginal bleeding caused by the fitting procedure).

The authors concluded that daily self-management of cube pessaries was a safe and effective treatment for improving POP-related symptoms and QoL in the long term.

Gyhagen, J., Åkervall, S., Larsudd-Kåverud, J. et al. The influence of age and health status for outcomes after mid-urethral sling surgery—a nationwide register study. *Int Urogynecol J* 34, 939–947 (2023).

This was a national register-based cohort study aimed to evaluate the influence of chronological age and American Society of Anesthesiologists (ASA) classification on the efficacy and adverse events of mid-urethral sling (MUS) surgery in women for treating stress urinary incontinence (SUI) at 1-year follow-up. Data were extracted from the Swedish National Quality Register of Gynecological Surgery (GynOp) and included all women with SUI, aged ≥ 55 years, who underwent MUS surgery between the years 2010 to 2017. Patients who had concomitant prolapse surgery were excluded. Symptom assessment was performed pre- and postoperatively, with cure defined as not having any episodes of SUI or 1–4 episodes per month. Patient satisfaction and de novo symptoms of urgency and nocturia were assessed as well.

A total of 4581 women underwent a MUS procedure and answered the 1-year questionnaire were included in the final analysis. Compared to women aged 55–64-years, the defined cure rate for SUI was lower in the ≥ 75 -year cohort ($p < 0.0001$). Lower rates of satisfaction and improvement were also associated with increasing age. Likewise lower rates of experiencing reduction in leakage episodes were noted among the older women, nevertheless these rates exceeded 75%. Women with ASA-class 3–4 were associated with a lower SUI cure rate. The rate of de novo urgency was lower in the younger age group. Perioperative complications (bladder perforation, ureteric injury and fistula formation) were similar regardless of age group.

The authors concluded that in women undergoing MUS for treatment of SUI, cure rate and patient satisfaction decrease with older age and higher ASA-class. However, over 75% of women aged ≥ 75 years experienced a reduction in symptoms.