Affective Temperament Profiles of Overactive Bladder Patients

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Dear Editor,

We have read the article "Affective Temperament Profiles of Overactive Bladder Patients" presented by Saribacak et al. with great interest (1). This study assesses the potential relationship between the overactive bladder (OB) disease profile of individuals with temperament. The authors reported that there might be a relationship between OB syndrome, which presents as serotonergic dysfunction, and anxious temperament.

Overactive bladder, which is still one of the most controversial issues in urology, is defined as a complex of symptoms, including frequent urination without local pathological or metabolic causes, urgent sense of urination (accompanied or not accompanied by incontinence), and nocturia, by the International Continence Society (ICS) (2). As noted in this study, OB is a common disease; although the adult prevalence of OB reported to be 16.5%, it is known that the prevalence is about 20%–40% in the elderly (3). Twenty-nine is a small value for the number of participants in the study for a disease that affects approximately one-third of the population; therefore, this is the subject of our criticism.

Overactive bladder is a symptomatic condition, with the main symptom being a sense of urgency. Today, the terms OB and overactive detrusor (OD) are used interchangeably in the wrong way. OD is defined as the occurrence of involuntary detrusor contractions during the filling of the bladder by ICS (2,4). To diagnose OB, all the local, systemic, and metabolic pathologies that may cause OD must be ruled out. The first stage of diagnosis is careful history taking, physical examination, and urinalysis (4). In some patients, urine culture, residual urine determination, voiding diary, and symptom survey may be useful in the exclusion of other diseases and treatment planning (4). In noncomplicated cases, urinary ultrasound, urodynamic testing, and cystoscopy should not be performed in the first phase (4). Cases of abnormal uroflowmetry, significant residual urine volume, or neurogenic bladder can be considered as an indication for urodynamic testing. In this study, all participants were subjected to urodynamic testing. However, as mentioned in the guidelines, urodynamic testing in all patients is not necessary to diagnose OB (4).

On the other hand, although the etiology of OB is still controversial, decrease in the inhibition of detrusor muscle is commonly considered to be the underlying mechanism (4). Serotonin, which stimulates the 5-HT_{2A} receptors in the detrusor, directly affects the bladder smooth muscle or indirectly causes contraction via the autonomic innervation of the bladder (5). Serotonin is a neurotransmitter that is important in the central and peripheral regulation of micturition. Serotonergic antidepressants are very effective in the treatment of urge urinary incontinence (5). As it noted in this study, serotonin metabolism disorders, which are considered to be an etiological factor in depression and anxiety disorders, are thought to predispose to the occurrence of OB (5,6). OB is a disease causing stress and anxiety in the patient; whether the anxiety and/or temperament lead to OB or vice versa remains controversial. We have used the Urogenital Distress Inventory (UDI-6) and Incontinence Impact Questionnaire (IIQ-7) as valid questionnaires to achieve a definitive diagnosis (7,8). These questionnaires, which are also valid in the Turkish society, have not been administered to all participants. We believe that this is a significant limitation (8). Although the main purpose of this study is to reveal the temperament profiles of OB patients, evaluation and comparison of symptoms of anxiety and depression in patients and healthy volunteers, will add strength to the research.

This study contributes to our knowledge about OB, the etiology of which is nearly unknown. However, we need more studies involving more participants and a better methodology to achieve more robust results for a better understanding of OB disease.

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Author's Reply

Dear Editor,

Thank you for the interest and the commentary on our manuscript. As we mentioned in our article, the number of patients was the one of the limitations of our study, and all participants were referred to a university hospital for further investigation. This is a prospective study. Evaluation of patients who fit the study criteria and agree to participate to the survey was the main factor limiting the sample size. However, the number of patients was enough to make a statistically significant evaluation. As mentioned in the commentary, it is not mandatory to diagnose overactive bladder (OAB) by urodynamic evaluation, but further investigation is advised according to the patient's quality of life, response to treatment, and physician's decision in the current guidelines (1). Further, the only objective evaluation in diagnosis is urodynamic testing, and in our study, the main reason for performing urodynamic testing was differential diagnosis. Urinary ultrasonography and the other tests were performed to eliminate the other reasons that could cause overactive detrusor. We believe that using this method to show the idiopathic detrusor overactivity and to prove that all the patients met the study criteria in a highly objective way improved the power of the study.

On the other hand, temperament is a highly heritable variable that manages automatic emotional response to the environmental factors in order to modulate an individual's activity level, biological rhythm, mood, and related cognitions rather than being a state variable that is influenced by clinical conditions such as depression and anxiety (2). Furthermore, temperamental features are considered as stable structural phenomena that predict liability to mood disorders and are not influenced by moods (3). Thus, psychological distress due to OAB would not have an impact on the affective temperament. The Urogenital Distress Inventory (UDI-6) and Incontinence Impact Questionnaire (IIQ-7) scales validated in Turkish that Demirer et al. suggested might definitely be helpful for evaluating such conditions, but the use of these scales would not provide additional benefit when we recruited participants without any psychiatric complaints and anxiety-depressive symptoms. Our study has several limitations as we have indicated in our article, despite the fact that it is the first study to evaluate temperamental features in OAB patients. However, we believe that our article provides a basis for further researches considering other psychological aspects.

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