

AUTHOR'S REPLY

Reply to: Petros P. Re: Miotła P, Dobruch J, Lipiński M, et al. Diagnostic and therapeutic recommendations for patients with nocturia. *Cent European J Urol.* 2017; 70: 451.

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We are grateful for the comments by Peter Petros on our recent publication addressing the diagnostic and therapeutic recommendations for patients with nocturia. We agree that there is a bulk of evidence that pelvic reconstructive surgery can improve urgency and nocturia. Unfortunately, we did not find any published evidence to support the statement that surgical techniques are able to improve nocturnal polyuria. The treatment of nocturia depends on causes of this disorder and we have mentioned in our paper that the aim of this article was to present diagnostic and therapeutic guidelines in the case of nocturnal polyuria [1]. As we have concluded, desmopressin is an effective and safe first-line treatment option in the pharmacological therapy of nocturia caused by nocturnal polyuria – which is present up to 83% of patients with nocturia [2]. Van Kerrebroeck et al. described a significant decrease in the number of nocturnal voids (33%) in patients with nocturia treated with desmopressin [3]. Thus, to reiterate, unfortunately, we did not find any published evidence to support the statement that surgical techniques are able to improve nocturnal polyuria.

We have also concluded that the addition of desmopressin should be considered in the treatment of an overactive bladder with underlying nocturnal polyuria. Rovner et al. have demonstrated the significant benefits of low-dose desmopressin combined with tolterodine for treating nocturia in women with overactive bladder [4]. Such strategy has been also mentioned in other recently published recommendations for practical management of nocturia [5].

The author of the letter had concluded that 'urge incontinence is the key symptom for overactive bladder'. According to the International Continence Society, overactive bladder is a symptom-defined condition characterised by urinary urgency, with or without urgency urinary incontinence, usually with increased daytime frequency and nocturia [6]. In the EpiLUTS study, the most common reported storage symptom was urgency, not urgency urinary incontinence. This condition was observed in 35.7% of all women in the study, clinically significant nocturia (≥ 2 episodes) (33.7%) followed, while urgency urinary incontinence (24.4%) was subsequent [7].

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