



European Association of Urology



Letter to the Editor

Reply to Ferhat Ates, Ilker Akyol and Abdullah Cirakoglu's Letter to the Editor re: Daniela Marschall-Kehrel, Cornelia Feustel, Charlotta Persson de Geeter, et al. Treatment with Propiverine in Children Suffering from Nonneurogenic Overactive Bladder and Urinary Incontinence: Results of a Randomized Placebo-Controlled Phase 3 Clinical Trial. Eur Urol 2009;55:729-38

We thank Ates et al for their interest and for their letter to the editor [1]. I will try to answer the questions they raised.

With regard to constipation, it is well known that bowel transit time in this age group is about 16 h and we followed the Rome III criteria. Patients were asked whether they pass stool every day without difficulty or pain, without soiling or encopresis, and without big stool mass. If there were any hints of a bowel problem, the patient was excluded from the study.

Concerning side effects, all were mentioned in the publication [2]. Central nervous system (CNS) side effects did not occur in the study group, but the trial was not powered to focus on them. From extensive daily use of propiverine in neurogenic and nonneurogenic children, it is known that CNS side effects occur less frequently compared with oxybutynin.

The use of the Hjalmas formula ($(\text{age} + 30) \times 30$) is definitely not a printing error but is used intentionally

because this trial is based on bladder diaries, not uroynamics. This method is approved by the International Children's Continence Society [3].

Conflicts of interest: The author has nothing to disclose.

References

- [1] Ates F, Akyol I, Cirakoglu A. Re: Daniela Marschall-Kehrel, Cornelia Feustel, Charlotta Persson de Geeter, et al. Treatment with propiverine in children suffering from nonneurogenic overactive bladder and urinary incontinence: results of a randomized placebo-controlled phase 3 clinical trial. *Eur Urol* 2009;56:e1.
- [2] Marschall-Kehrel D, Feustel C, Persson de Geeter C, et al. Treatment with propiverine in children suffering from nonneurogenic overactive bladder and urinary incontinence: results of a randomized placebo-controlled phase 3 clinical trial. *Eur Urol* 2009;55:729-38.
- [3] Nevéus T, von Gontard A, Hoebeke P, et al. The standardization of terminology of lower urinary tract function in children and adolescents: report from the Standardisation Committee of the International Children's Continence Society. *J Urol* 2006;176:314-23.

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November 17, 2008
 Published online on November 25, 2008