

Vaginal electrical stimulation, TTNS both effective for overactive bladder

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Short-term interventions of vaginal electrical stimulation (VS) and

transcutaneous tibial nerve electrical stimulation (TTNS) are effective for treating overactive bladder syndrome (OAB) in women, according to a study published online April 12 in *Neurourology & Urodynamics*.

Janaina Mayer de Oliveira Nunes, from the State University of Londrina in Brazil, and colleagues randomly assigned 69 patients with OAB to receive 12 sessions of VS versus TTNS or no treatment ([control group \[CG\]](#)) over six weeks. At baseline, six weeks, and one month after treatment, OAB impact was evaluated according to the International Consultation on Incontinence Questionnaire Overactive Bladder (ICIQ-OAB) module, symptoms discomfort scores, and voiding diaries.

The researchers observed significant reductions in ICIQ-OAB scores in association with both TTNS and VS (mean difference, -4.2 and -3.8 , respectively), as well as reductions in discomfort sensation at six weeks compared with the CG (-3.9 and -2.8 , respectively). One month after treatment, the ICIQ-OAB score remained low only in the TTNS group compared with the CG (-3.6). Compared with the CG, improvement in discomfort symptoms was seen in both active groups (-3.2 and -2.6 for TTNS and VS, respectively). Comparing TTNS and VS, there were no significant differences in the primary outcomes.

"TTNS and VS were both effective in improving quality of life and discomfort by using the same parametrization," the authors write.

"However, the TTNS technique provided residual effects over time, showing a higher proportion of patients reporting substantial benefits in [quality of life](#) both at six weeks and one month posttreatment."

More information: Janaina Mayer de Oliveira Nunes et al, Transcutaneous tibial nerve electrical stimulation versus vaginal electrical stimulation in women with overactive bladder syndrome: Is there a role for short-term interventions?, *Neurourology and Urodynamics* (2023). [DOI: 10.1002/nau.25179](https://doi.org/10.1002/nau.25179)

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