

**Referring to the paper:** Miotła P, Dobruch J, Lipiński M, et al. Diagnostic and therapeutic recommendations for patients with nocturia. Cent European J Urol. 2017; 70: 452.

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Dear Editor,

This letter is written from a female urology perspective. This is a highly misleading article. The authors conclude: In view of the clinical data given above, desmopressin is a valuable, effective and safe first-line drug for the treatment of nocturia caused by nocturnal polyuria. Furthermore, the addition of desmopressin should be considered in the treatment of an overactive bladder and benign prostatic hyperplasia with underlying nocturnal polyuria.

The authors favourably quote Sand et al. [1] as having a 'statistically significant' effect. Yet, when viewed from a clinical perspective, the difference between placebo and treatment groups was extremely small, 1.22 voids. This minimal effect should have

been more clearly emphasized by the authors, as the statistical 'p' values imply that this is an effective treatment for nocturia. Clearly, it is not an effective treatment.

The authors state that they have carried out a review of the literature. Yet, there is a total absence of any reference to cure of nocturia using surgical techniques based on the Integral Theory. These deliver far higher cure rates for nocturia in females than desmopressin by using slings to repair lax cardinal/uterosacral ligaments; for example, Liedl et al. [2] 68%, Haverfield [3] 50%, Inoue [4] 72%, Goeschen [5] 81%. Nor is desmopressin, to my knowledge, ever recommended for urge incontinence, the key symptom for 'overactive bladder'.

## References

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2. Liedl B, Inoue H, Sekiguchi Y, et al. Is overactive bladder in the female surgically curable by ligament repair? Cent European J Urol. 2017; 70: 53-59.
3. Haverfield M. Tissue fixation system (TFS) neoligament pelvic organ repair procedures- 12 and 24 month results. Pelviperineology. 2015; 34: 70-74.
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5. Goeschen K. Posterior fornix syndrome: comparison of original (2004) and modified (2015) post- PIVS anatomic and symptomatic results - a personal journey. Pelviperineology. 2015; 34: 85-91. ■

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