

vhodným liečivom hyperaktívneho močového mechúra u pacientov s kognitívnymi poruchami je oxybutynín (48). Štúdie s tolterodínom zahŕňali málo probandov, preto sa k jeho vplyvu na kognitívne funkcie treba vyjadrovať opatrne (12, 49).

Pacientke, u ktorej vyvstala klinická otázka z úvodu článku bolo nasadené trospium v počítočnej dávke 45 mg denne s dobrým klinickým efektom a bez výskytu nežiaducich účinkov. Po

štyroch týždňoch sa dávka znížila na 30 mg denne dlhodobo. Kvartérna štruktúra a hydrofilita molekuly limitujú prestup trospia hematoencefalickou bariérou a znižujú jeho vplyv na kognitívne funkcie u starších pacientov (50). Medzi trospiom a ostatnou medikáciou pacientky neboli identifikované žiadne potenciálne interakcie.

V prípade závažných kognitívnych porúch sa odporúča medziodborová spolupráca praktického

lekára s urológom, gynekológom, psychiatrom, geriatrom, klinickým farmakológom alebo klinickým farmaceutom. Farmakoterapia sa odporúča kombinovať s rôznymi behaviorálnymi technikami (51). Je vhodné zvážiť aj použitie liečiv z iných skupín, napr. β -agonistu mirabegron, desmopresín, u žien estrogény, u mužov s benígnou hyperpláziou prostaty kombinované preparáty, vždy po posúdení klinického stavu a potrieb pacienta (52).

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