



Letter to the Editor

Int Neurourol J 2026;30(1):79-80

<https://doi.org/10.5213/inj.2550342.171>

pISSN 2093-4777 · eISSN 2093-6931



Beyond Anticholinergic Burden: An Integral Theory Perspective on Overactive Bladder – A Commentary on “A Retrospective Database Analysis of Anticholinergic Burden Among Older Patients With and Without Overactive Bladder in South Korea”

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To the editor,

We read with great interest the recent article by Lee et al. [1] entitled “A Retrospective Database Analysis of Anticholinergic Burden Among Older Patients With and Without Overactive Bladder in South Korea,” which provides important evidence on the high cumulative anticholinergic burden among older adults treated for overactive bladder (OAB). We fully share the authors’ concern about the potential cognitive and systemic consequences of excessive antimuscarinic exposure, particularly in elderly patients with multiple comorbidities.

Building on these valuable findings, we would like to highlight an additional clinical perspective based on the Integral Theory (IT) proposed by Petros and Ulmsten [2]. According to IT, OAB symptoms such as urgency, frequency, and nocturia — especially when accompanied by chronic pelvic pain — may, in some women, result from mechanical dysfunction caused by laxity of the pubourethral and uterosacral ligaments rather than primary detrusor overactivity. This structural weakness can disturb reflex control of the bladder base, leading to premature activation of the micturition reflex [3].

In this context, an IT-based anatomical evaluation before initiating long-term anticholinergic therapy could help identify patients whose symptoms have a structural origin. The Integral Theory System Questionnaire provides a practical tool to recognize these patterns [4]. Several studies have shown that reinforcement of the pubourethral and uterosacral ligaments can relieve or cure OAB symptoms in up to 80%–85% of women [5, 6].

Recognizing this anatomical pathway is particularly relevant for elderly women, who are at greater risk from cumulative anticholinergic exposure due to polypharmacy and frailty [1]. For selected patients, surgical correction of ligamentous laxity may provide a safe and durable alternative, potentially reducing reliance on systemic medications.

We therefore believe that the critical message raised by Lee et al. [1] the need to minimize anticholinergic burden can be further strengthened by incorporating IT-based evaluation into the comprehensive management of women with OAB.

• **Conflict of Interest:** No potential conflict of interest relevant to this article was reported.

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See the article “A Retrospective Database Analysis of Anticholinergic Burden Among Older Patients With and Without Overactive Bladder in South Korea” via <https://doi.org/10.5213/inj.2550112.056>.

See the reply to commentary on “A Retrospective Database Analysis of Anticholinergic Burden Among Older Patients With and Without Overactive Bladder in South Korea” via <https://doi.org/10.5213/inj.2652006.003>.

Submitted: November 3, 2025 / **Accepted after revision:** January 12, 2026



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