REFERENCES

1. Sumer F, Arik G, Aycicek S et al. Study of factors associated with incomplete bladder emptying in older women. J Am Geriatr Soc 2016;64:456–457.
2. Park J, Palmer MH. Factors associated with incomplete bladder emptying in older women with overactive bladder symptoms. J Am Geriatr Soc 2015;63:1426–1431.
3. Groutz A, Blaivas JG, Chaikin DC. Bladder outlet obstruction in women: Definition and characteristics. Neurourol Urodyn 2000;19:213–230.
4. McCrery RJ, Appell RA. Bladder outlet obstruction in women: Iatrogenic, anatomic, and neurogenic. Curr Urol Rep 2006;7:363–369.
5. Yoshimura N, Chancellor MB. Differential diagnosis and treatment of impaired bladder emptying. Rev Urol 2004;6(Suppl 1):S24–S31.
6. Shakeri S, Rasekhi AR, Yazdani M et al. The incidence of diverticula of urinary bladder in patients with benign prostatic hypertrophy and the comparison between cystoscopy and cystography in detecting bladder diverticula. Iran Red Crescent Med 2007;9:36–41.
7. Prakash, Rajini T, Bhardwaj AK et al. Urinary bladder diverticulum and its association with malignancy: An anatomical study on cadavers. Rom J Morphol Embryol2010;51:543–545.
8. Echaiz JF, Cass C, Henderson JP et al. Low correlation between self-report and medical record documentation of urinary tract infection symptoms. Am J Infect Control 2015;43:983–986.
9. Giesen LG, Cousins G, Dimitrov BD et al. Predicting acute uncomplicated urinary tract infection in women: A systematic review of the diagnostic accuracy of symptoms and signs. BMC Fam Pract 2010;11:78.

EFFECT OF MULTIMODAL EXERCISE PROGRAM ON PHYSICAL FUNCTION, FALLS, AND INJURIES IN OLDER WOMEN

To the Editor: The research of Patil and colleagues[1] is valuable as they showed that multicomponent exercise programs decreased the incidence of medically attended injuries due to the falls, but there are some points that should be addressed.

First of all, there was no information whether any control group participants exercised during the intervention. Although the research team did not recommend it, these individuals may have started an exercise program themselves. So, any participants who participated in a regular exercise program should have been excluded at the end of the study.

Second, sarcopenia, which is characterized by low muscle mass and strength, confers greater risk of falls. Inadequate nutrition, especially with low protein intake, is a well-known precipitating factor for sarcopenia.[2] Protein intake, which can directly affect the parameters evaluated in the study (e.g., leg extensor muscle strength, walking speed), was not assessed.

Moreover, individuals with cognitive impairment were excluded, but there was no information about Mini-Mental State Examination scores at the end of the 24 months. Two years is a long enough for an individual aged 70 and older to develop cognitive impairment. Also, the effects of exercise on cognitive function are well known,[3] so it can be seen whether exercise improves cognitive function.

Finally, polypharmacy and some medications such as benzodiazepines and antidepressants are known to increase the risk of falls, therefore evaluation of the number of drugs and drugs that may affect fall rates could directly influence the results of the study.

Gozde Sengul Aycicek, MD
Gunes Arik, MD
Busra Canbaz, MD
Ozgur Kara, MD
Fatih Sumer, MD
Zekeriya Ulger, MD
Division of Geriatrics, Department of Internal Medicine, Gazi University, Ankara, Turkey

ACKNOWLEDGMENTS

Conflict of Interest: The editor in chief has reviewed the conflict of interest checklist provided by the authors and has determined that the authors have no financial or any other kind of personal conflicts with this paper.

Author Contributions: Aycicek, Canbaz, Arik, Kara, Sumer: design of the letter, manuscript preparation. Ulger: review of letter.

Sponsor's Role: None.

REFERENCES

1. Patil R, Uusi-Rasi K, Tokola K et al. Effects of multimodal exercise program on physical function, falls, and injuries in older women: A 2-year community-based, randomized controlled trial. J Am Geriatr Soc 2015;63:1306–1313.
2. Cruz-Jentoft AJ, Baeyens JP, Bauer JM et al. Sarcopenia: European consensus on definition and diagnosis. Report of the European Working Group on Sarcopenia in Older People. Age Ageing 2010;39:412–423.
3. Paillard T. Preventive effects of regular physical exercise against cognitive decline and the risk of dementia with age advancement. Sports Med Open 2015;1:4.

RESPONSE TO AYCICEK AND COLLEAGUES

To the Editor: We thank Aycicek and colleagues for their letter concerning our study.[1] Changes in physical activity were monitored in both study groups at baseline and at 6, 12, 18, and 24 months using the Community Health Activities Model Program for Seniors (CHAMPS) physical activity questionnaire for older adults. Daily number of steps was also monitored over the entire 24-month study period using a pedometer. We therefore obtained a fairly objective picture of participants' exercise-related activities. Although total amount of physical activity did not differ between groups, exercisers engaged in a significantly greater amount of moderate-intensity physical activity per week, approximately corresponding to the duration of the exercise intervention. That being said, controls were not restricted from participating in exercise programs of their choice, but the supervised exercise intervention was specially designed for preventing falls, and it is unlikely that the controls followed a similar program independently.

A previously published article showed that the prevalence of sarcopenia in this study population was low (0.9–2.7%) at baseline.[2] During the intervention, mean total body lean mass and fat mass changed only slightly in both groups.[3] In Finland, mean protein intake of healthy community-dwelling older women has been found to be sufficient according to recommended levels,[4] so protein intake was not assessed. Moreover, mean dietary calcium was