Author Year; Country Score Research Design Sample Size	Methods	Outcome
Walter et al. 2023 Canada Pre-post Level 4 N=12	**Population:** N=12, 8M, 4F Median age: 42 years **Treatment:** AD was confirmed in all participants, and frequency and severity of AD in daily life was recorded using 24-hour BP monitoring. Participants completed questionnaires on urinary incontinence-related QoL, health-related QoL, bowel function, and cognitive function prior to the 12-week treatment of fesoterodine. Participants took 4mg of fesoterodine daily and had the option to increase their dose to 8mg. 10-12 weeks after the start of treatment, all measures were repeated. **Outcome measures:** BP, frequency and severity of AD, urinary incontinence-related QoL, bowel function, and cognitive function	1. Fesoterodine reduced the increase in sBP compared to baseline: 40 mmHg vs 27 mmHg (p=0.08). 2. The severity (59 mmHg vs 36 mmHg, p=0.05, r=-0.58), and frequency (14 vs 3, p=0.004) of AD during daily life were significantly reduced with fesoterodine.
Giannantoni et al. 1998 Italy Observational Level 5 N=48	**Population:** SCI patients. **Treatment:** Anticholinergic drugs. **Outcome Measures:** Neurological and urological examination and urodynamic evaluation with concurrent recording of blood pressure, heart rate, symptoms of AD.	1. Presence of detrusor uninhibited contractions and bladder distension both contribute to AD crisis. 2. Treatment with anticholinergic drugs is not sufficient to prevent AD starting from the bladder, unless it induces detrusor areflexia.