sustained period. In still another embodiment, the step of locally administering includes pumping a liquid form of the trospium into the bladder through a urethral catheter which is deployed into the bladder.

In another aspect, a method is provided for administering trospium to a patient in need of treatment of bladder dysfunction. The method includes locally administering trospium into the bladder of a patient to achieve a sustained concentration of trospium in urine in the bladder sufficient to produce a therapeutic concentration of trospium in bladder tissue. The method may further include administering a second therapeutic agent to the patient. The second therapeutic agent may also be administered intravesically or it may be administered by other routes.

In another aspect, there is provided the use of trospium in the manufacture of a medicament forthe treatment of bladder dysfunction in a patient, wherein the medicament is to be locally administered into the bladder of a patient to achieve a sustained concentration of trospium in urine in the bladder sufficient to produce a therapeutic concentration of trospium in bladder tissue.

In yet another aspect, a drug delivery device is provided which is configured to release trospium when the drug delivery device is inserted into the bladder. In one embodiment, the device includes a housing configured for intravesical insertion, and a dosage form which comprises a pharmaceutically acceptable salt of trospium, wherein the housing holds the dosage form and is configured to release the trospium into the bladder in amount therapeutically effective for the treatment of bladder dysfunction. In one embodiment, the device is configured to release a mean average amount of from 0.075 mg/day to about 150 mg/day of trospium for a treatment period of up to 180 days. For example, the device may be configured to release at a mean average amount of 0.15 mg/day to 15 mg/day of trospium. In some embodiments, the treatment period is from 1 day to 90 days or from 1 day to 60 days.

In embodiments, the bladder dysfunction is selected from urinary frequency, urgency, nocturia, urge-incontinence associated with detrusor instability, urge syndrome, and detrusor hyperreflexia.

17. A drug delivery device comprising a medicament according to any one of the preceding claims, configured to release trospium when the drug delivery device is inserted into the bladder.

18. ~~A method of administering~~Use of trospium in the manufacture of a medicament for~~to a patient in need of~~the treatment of bladder dysfunction in a patient, ~~the method comprising:~~wherein the medicament is to be

locally administered ~~ing trospium~~ into the bladder of a patient to achieve a sustained concentration of trospium in urine in the bladder sufficient to produce a therapeutic concentration of trospium in bladder tissue.

19. The ~~method~~ use of claim 18, wherein the ~~locally administering into the patient's bladder~~medicament is to be administered at a mean average amount of from 0.075 mg/day to about 150 mg/day of trospium for a treatment period of up to 180 days.

20. The ~~method~~ use of claim 18, further comprising administering at least a second therapeutic agent to the patient.

21. The ~~method~~ use of claim 20, wherein the second therapeutic agent is administered intravesically.

22. The ~~method~~ use of claim 18, wherein the bladder dysfunction is selected from the group consisting of urinary frequency, urgency, nocturia, urge-incontinence associated with detrusor instability, urge syndrome, and detrusor hyperreflexia.

23. The ~~method~~ use of any one of claims 18 to 22, wherein the trospium is in the form of trospium chloride or another pharmaceutically acceptable salt of trospium.