

COMPARISON OF OVERACTIVE BLADDER PATIENTS WHO SWITCH BETWEEN ANTIMUSCARINIC THERAPIES WITH THOSE WHO PERSIST ON THE SAME THERAPY IN THE ABSENCE OF IMPROVED OUTCOMES: RESULTS OF A CROSS-SECTIONAL STUDY IN 4 EUROPEAN COUNTRIES

Hypothesis / aims of study

Antimuscarinics are frequently prescribed for the management of overactive bladder (OAB) symptoms in women and men. Although in most patients these are efficacious, differences in their pharmacodynamic properties result in important differences in the side-effect profile of the individual drugs [1]. While many patients switch between antimuscarinics and record improved outcomes, a significant proportion persist on the same drug even though they are not satisfied with the outcome. The aim of this study was to identify differences between these two groups of patients which may help to account for their behaviour.

Study design, materials and methods

Primary care physicians and urology specialists in France, Germany, Spain and the UK, who were actively managing and/or making treatment decisions for OAB patients, were asked to complete patient record forms (PRFs) prospectively for their next 10 consulting OAB patients (male or female, aged 18 years or over). In addition, the same patients were asked by their physician to fill in self-completion questionnaires (PSCs) to assess their treatment experiences. The PSC included a number of validated outcomes tools such as OAB-q. The study ran from September 2010 until January 2011. The full methodology, including limitations, has been outlined previously [2]. A standard significance test (t test, $p < 0.05$) was used to compare those patients who were not satisfied with their current antimuscarinic drug therapy but had not switched in the previous 12 months with those who had switched. Regression analyses were run to control for physician-perceived severity of the patient's condition.

Results

A total of 519 physicians (199 primary care physicians and 320 specialists) recruited 2340 patients who completed a valid PSC of whom 2061 were receiving a prescribed therapy (female 78%, male 22%) and so could be included in the analysis. A total of 1399 patients (68%) reported that they were satisfied with their therapy. 250 patients (12%) reported being not satisfied with their current antimuscarinic therapy but had not switched in the past 12 months. Of these, 183 were on their first OAB therapy. The mean time on therapy was 23.1 months. The 250 patients who were not satisfied but had not switched were less likely to consult a urologist, urogynaecologist or incontinence nurse as frequently, less likely to have been hospitalised, and had undergone fewer tests than patients who had switched. Of the total 2061 patients, 338 (16%) had switched in the past 12 months, of whom 143 remained not satisfied. Patients who had switched were more likely to have rated their condition as severe when treatment was initiated, were more likely to indicate their condition had improved in the last 3 months and that their medication had improved their daily living. Patients who switched also reported a better quality of life (according to OAB-q) although the difference was not statistically significant after allowing for current severity. Switch patients were also more likely to indicate taking other approaches to help their condition including reducing fluid intake and avoiding certain foods/alcohol and they were more likely to want to continue with their current therapy.

Interpretation of results

Patients who have switched antimuscarinic therapy in the past 12 months consult more often with specialist healthcare professionals (HCPs), have been tested more thoroughly, are more motivated and more likely to have seen an improvement in their condition.

Concluding message

This study demonstrates that switching between antimuscarinic therapies in patients who are not satisfied with current therapy can be associated with better eventual patient outcomes.

References

1. Wiedemann A, Schwantes PA. Antimuscarinic drugs for the treatment of overactive bladder: are they really all the same? – A comparative review of data pertaining to pharmacological and physiological aspects. *EuroJGer*. 2007;Vol 9 SUPPL. 1
2. Anderson P, Benford M, Harris N et al. Real-world physician and patient behaviour across countries: Disease-Specific Programmes – a means to understand. *Curr Med Res Opin* 2008; 24(11):3063-3072

Disclosures

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