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Title (type in CAPITAL LETTERS)	PARENT PREFERENCES FOR DESMOPRESSIN ACETATE TABLETS VERSUS DESMOPRESSIN ACETATE NASAL SPRAY IN THE TREATMENT OF PRIMARY NOCTURNAL ENURESIS FOR PATIENTS 6 AND OLDER

Physicians may prescribe various therapies to help patients overcome primary nocturnal enuresis. One of the pharmacologic therapies available, desmopressin acetate, is available in two dosage forms: tablet and nasal spray. Identifying barriers to the use of either dosage form in the mind of the parent/caregiver and patient before treatment begins may help guide the physician and parent/caregiver to choose the most appropriate therapy for the patient. The objective of this study was to determine patient preference for either the tablet or nasal spray form of desmopressin acetate. METHODS Two studies were conducted. Retail pharmacists were asked to recruit parents/caregivers of patients, 6-18 years of age (mean 10.6), currently using desmopressin acetate nasal spray (mean 13.6 months) for the treatment of primary nocturnal enuresis. Subjects of the first study (n=148 corresponding to a response rate of 15%) completed a one-page opinion survey regarding preferences between the nasal spray and the tablet formulation of desmopressin acetate. Subjects of the second study (n=128) completed a telephone interview where they were asked the same questions that appeared on the one-page opinion survey. RESULTS In the first study, 60.0 percent of parents/caregivers said they would prefer the tablet, and 36 percent said they would prefer the nasal spray at a 90 percent confidence level. 59 percent believed tablets were more convenient to use , 63 percent believed tablets were more discreet for overnight and summer camp activities, and 78 percent believed tablets were easier to take when one has a stuffy nose. In the second study, 58 percent of parents/caregivers said they would prefer the tablet and 42% percent the nasal spray at a 90% confidence level. The tablet form was preferred by 65 percent of parents/caregivers as being more convenient, by 77 percent as being more discreet for overnight and summer camp activities, and by 86 percent as being easier to take when a patient has a stuffy nose . CONCLUSIONS The majority of parents/caregivers whose children used a desmopressin acetate nasal spray said they would prefer that their child take desmopressin acetate as a tablet because they believed that tablets were more convenient to use, more discreet for overnight and summer camp activities, and easier to take when a patient has a stuffy nose. Results for both studies were comparable, despite different methods for eliciting parent/caregiver response. Physicians prescribing desmopressin acetate for the treatment of primary nocturnal enuresis should consider discussing dosage form preferences with parents/caregivers before prescribing nasal spray or tablet form.

The first study was conducted by Delta Marketing Dynamics, Jamesville, New York, January 25, 1999.

The second study was conducted by Healthcare market Research, Fairfiel, New Jersey, December 1998.