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Author(s): R. Appell,[1] R.U. Anderson,[2] M. Gittelman,[3] J. Kaufman,[4] D. Mobley,[5] D. Saltzstein,[6] for the Ditropan® XL Study Group

Institution City Country: [1]The Cleveland Clinic Foundation, Cleveland, OH; [2]Stanford University Medical Center, Stanford, CA; [3]South Florida Medical Research, Aventura, FL; [4]Urology Research Options, Aurora, CO; [5]Research for Health, Inc., Houston, TX; [6]Urology San Antonio USA San Antonio, TX;

Title (type in CAPITAL LETTERS): FACTORS INFLUENCING PATIENT RESPONSE TO EXTENDED-RELEASE OXYBUTYNIN: A META-ANALYSIS OF CLINICAL TRIALS

Aims of Study. Once-daily, extended-release oxybutynin chloride has been shown to be effective and well tolerated for treatment of urge incontinence (UI), a manifestation of overactive bladder. We performed a meta-analysis to evaluate whether demographic factors influenced treatment success or dose requirements.

Methods. Patients on extended-release oxybutynin in three studies were included. Patients (n=419) typically started at 5 mg/day and adjusted the dose to a maximum of 30 mg/day as needed. The consistency of response across demographic subpopulations is presented for the combined trials.

Results. An overall 82.7% reduction in UI episodes per week (UI/wk) was reported at study end. This rate was consistent across all subpopulations. See Table. Most patients selected a lower dose (5-15 mg) rather than a higher dose (20-30 mg). However, more severely impaired patients (>14 UI episodes/week), patients with greater voiding frequency(>70/week), and patients with greater duration of incontinence (≥5 years) were more likely to select one of the higher doses. Age and gender did not appear to influence the dose selection.

Conclusions. In this study, factors related to disease status influenced dose requirements; treatment with once-daily, extended-release oxybutynin was effective regardless of these factors.

Factor		Reduction in UI/wk	Patients Choosing 5-15 mg
Gender	Male	85.8%	73.7%
	Female	83.0%	73.0%
Age	< 65 years	84.0%	71.9%
	≥ 65 years	81.9%	74.8%
Severity at Baseline UI/wk	≤14 UI/wk	80.1%	82.3%
	>14	85.9%	65.0%
Duration of Incontinence	< 5 years	86.0%	75.7%
	≥ 5 years	79.9%	70.0%
Void Frequency	≤70/week	84.0%	77.8%
	>70/week	81.9%	69.1%

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