

## TREATMENT SATISFACTION WITH IMMEDIATE- AND EXTENDED-RELEASE FORMULATIONS OF OXYBUTYNYN OR TOLTERODINE IN PATIENTS WITH OVERACTIVE BLADDER

### Hypothesis / aims of study

In previously published randomized controlled trials, extended-release (ER) oxybutynin was more effective than immediate-release (IR) tolterodine [1] and significantly more patients achieved total dryness (no incontinence episodes) with the ER formulation of oxybutynin versus ER tolterodine [2]. These observed clinical benefits might translate into improvements in patient-reported outcomes including treatment satisfaction. The aim of this study was to evaluate satisfaction with therapy in patients with overactive bladder (OAB) treated with IR and ER formulations of oxybutynin or tolterodine

### Study design, materials and methods

Cross-sectional data were obtained from the Consumer Health Sciences 2004 National Health and Wellness Survey, a nationally representative sample of a noninstitutionalized, U.S. civilian population. Patients were currently taking either IR or ER oxybutynin (n=162) or IR or ER tolterodine (n=277) to treat OAB. Patient satisfaction with treatment (PST) was measured using a 5-point scale (1 = not at all satisfied to 5 = extremely satisfied). Satisfaction rates were computed as the percentage of patients reporting a 4 or 5 on the PST scale

### Results

Mean age of patients was 58 years and 84% were female. More patients reported that they were satisfied with IR and ER formulations of oxybutynin (66%; 107/162) versus tolterodine (48%; 132/277;  $p \leq 0.001$ ), with an adjusted odds ratio of 1.98 (95% CI: 1.31, 3.00;  $p \leq 0.001$ ). Numerically more patients were satisfied with the ER formulation of oxybutynin (72%; 65/90) versus ER tolterodine (63%; 132/208).

### Interpretation of results

In this study, significantly more patients were satisfied with immediate- and extended-release formulations of oxybutynin compared with tolterodine.

### Concluding message

Patients treated with immediate- and extended-release formulations of oxybutynin were nearly twice as likely to be satisfied with their therapy than patients treated with tolterodine. These factors may prove important for clinicians when considering OAB treatment.

### References

1. Prospective randomized controlled trial of extended-release oxybutynin chloride and tolterodine tartrate in the treatment of overactive bladder: Results of the OBJECT study. *Mayo Clin Proc* 2001; 76: 358-363.
2. Prospective, randomized, double-blind study of the efficacy and tolerability of the extended-release formulations of oxybutynin and tolterodine for overactive bladder: Results of the OPERA trial. *Mayo Clin Proc* 2003; 78:687-695.

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