

PERSISTENCY AND PRESCRIPTION PATTERN OF OXYBUTYNIN ER IN PATIENTS WITH OVERACTIVE BLADDER IN REAL LIFE PRACTICE: MULTICENTER, OPEN-LABEL, PROSPECTIVE OBSERVATIONAL STUDY

Hypothesis / aims of study

The successful treatment of overactive bladder (OAB) depends on the persistence and dosage of the prescribed medication. Persistence requires an acceptable balance between tolerability and efficacy¹. This study is to investigate the persistency and prescription pattern of oxybutynin ER in the real life practice which is the only drug to use in the wide range of dosage from 5mg to 30mg.

Study design, materials and methods

Patients who reported that they had urgency grade ≥ 3 (5 scales) and frequency ≥ 8 were included. They were asked to answer primary OAB symptom questionnaire (POABQ) before and after the treatment and patient perception of treatment benefit (PPTB) at the end of the study. The dosage depended on discussion about efficacy and tolerability between doctor and patient throughout the 12 week treatment period. The % of patients who were taking medication at week 12, and initial and last dosage of medication were evaluated.

Results

809 patients (mean age: 62.3 ± 13.9 years, male 365, female 444) were enrolled. Patient reported mean number of urgency was 6.2 ± 3.9 and 27.9% (226/809) had urgency incontinence. The most bothersome symptom was urgency (33.9%), urgency incontinence (27.1%), nocturia (22.0%) and daytime frequency (17.1%). 219 patients were dropped out and among them, 14.6% stopped the medication due to adverse events. Female was more apt to stop medication than male (60.6% vs 48.8%, $P=0.0008$) and age had no relation to stop medication. The most prevalent starting and final doses were 10mg (565/809, 69.8%) and 10mg (555/809, 68.6%). 71.1% of patients with 5mg starting dose (23.1%, 187/809) continued same dose and 26.2% took 10mg at 12 week. 88.3% of patients with 10mg starting dose continued same dose and 3.0% took 5mg, 3.9% 15mg, 4.2% 20mg, 0.5% 30mg at 12 week. As a whole dose escalation rate was 13.1% (106/809), reduction rate 3.1% (25/809) and same dose maintenance rate 83.8% (678/809). All the OAB symptoms were improved evaluated by POABQ. 94.1% felt benefit from the medication and 48.8% among them felt benefit much. 89.3% satisfied with treatment and 50.5% among them satisfied much.

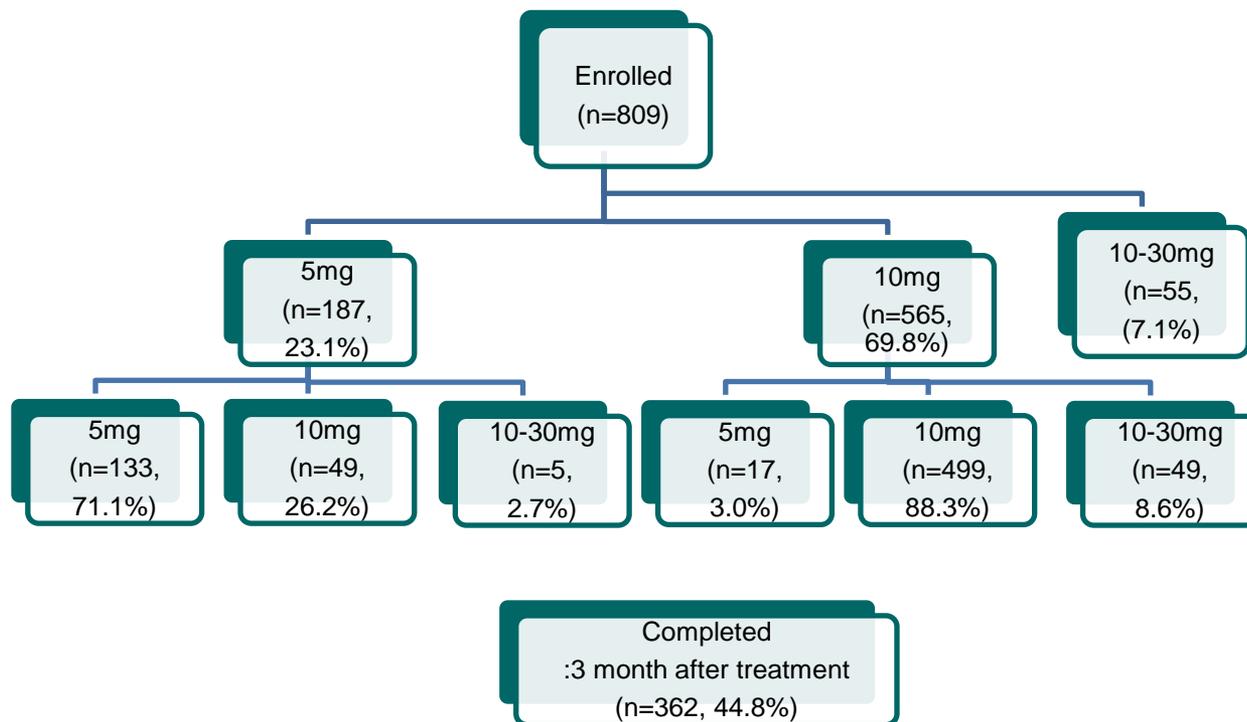
Interpretation of results

Only 44.8% of patients continued to take medication until 12 weeks in real life practice. The most prevalent starting and final doses were all 10mg and dosage reduction or escalation rate was low. Most of patients who continue medication until 12 week felt benefit from the treatment.

Concluding message

In real life practice to treat OAB patients, drug persistency rate was low and prescription pattern was not so much diverse. The continuing treatment is needed to improve quality of life of OAB patients.

Figure 1. Persistency of Oxybutynin ER in real life practice



References

1. Haab F, Cardozo L, Chapple C, Rider AM; Solifenacin Study Group (2005) Long-term open-label solifenacin treatment associated with persistence with therapy in patients with overactive bladder syndrome. Eur Urol 47(3): 376-384

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Is this a clinical trial?	No
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Was informed consent obtained from the patients?	Yes