

WHY OAB TREATMENT CHANGE IS SO COMMON? “IMPACTA” STUDY TO EVALUATE REASONS FOR TREATMENT CHANGE

Hypothesis / aims of study

To identify factors that motivate physicians and patients with overactive bladder (OAB) to change treatment, and to assess patients' evaluation of symptom impact on their daily lives, treatment satisfaction, change in symptom severity, and medication compliance following the change in their OAB treatment in a clinical setting.

Study design, materials and methods

This 12-week, observational, cross-sectional study was performed in Spain in 2009. Adult outpatients (≥ 18 y old) were selected to participate by physicians if they reported OAB symptom bother (Overactive Bladder Questionnaire-Validated 8 score ≥ 8) and had changed their OAB treatment (behavioural and/or drug therapy) at the physician's discretion within 3–4 months before entering the study. Because this was an observational study, no attempt was made to influence physicians' choice of treatment regimen for their patients. Physicians completed a data collection booklet during a single visit that recorded patient demographics; history of OAB symptoms; previous OAB treatments (education, drugs, dosage, and periods of treatment), and concomitant treatments received during the last 3 months; reasons for the last treatment change; adherence with medication; patient-reported treatment satisfaction; Treatment Benefit Scale (TBS); impact on daily life, and Clinical Global Impression severity and improvement scales.

Results

Among 3365 patients recruited, 2038 (61%) met the study entry criteria (mean [SD] age 61.1 [11.2] y; 77% women; mean [SD] OAB duration, 11.7 [18.4]). Reasons for last treatment change included lack of efficacy (60%), adverse events (AEs; 24%), patient request (8%), lack of adherence (6%), and other (2%). Treatment change was initiated 31% of the time by patients and 69% of the time by physicians (96% specialists; 4% primary care), respectively. Most patients (90%) were at least somewhat satisfied after switching treatment; 91% had at least some preference over their previous OAB medication. Based on the TBS, the majority of patients (93%) reported improved symptoms after switching treatment; among those currently receiving antimuscarinics, 94% reported improvement, with 47% reporting great improvement

Interpretation of results

Results of this analysis showed that treatment change could be so common because OAB non satisfied patients can improve their satisfaction by switching their OAB medication.

Concluding message

Factors that motivate physicians and patients to change treatment for OAB include a lack of efficacy and AEs associated with previous treatment. Switching treatment resulted in improvements in OAB symptoms and increased treatment satisfaction and treatment benefit

<i>Specify source of funding or grant</i>	Funded by Pfizer Spain
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	Ethics Committee of Hospital General Universitario de Valencia (Spain)
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes