

# #25291 ANTICHOLINERGIC USE AND CAUSES OF THERAPEUTIC ABANDONMENT: QUANTITATIVE AND QUALITATIVE ANALYSIS IN OUR AREA

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# Hypothesis / aims of study

Urgency urinary incontinence pathophysiology is explained from a network of neurological concepts, with multiple triggering factors, which end up producing involuntary contractions of the detrusor muscle that generate urgency symptoms and subsequent incontinence [1].

Muscarinic receptors (M2 and M3) in bladder area are involved in promoting contraction through parasympathetic action, and  $\beta$ 3 receptors convey sympathetic action, promoting muscle relaxation. Therefore, two first-line routes of pharmacological treatment of urinary urgency are: anticholinergic drugs and βadrenergic drugs. However, there is a lack of adherence to treatment with anticholinergic drugs in patients, and knowing the different factors that affect this continuity is one of the goals of studies on UUI in recent years [2,3]. Our objective is to know the use

of drugs for urgency urinary

incontinence in our area and

proposing a collection of the

reasons for 'NO CONTINUITY'.





# **Results and interpretation**

A total of 122 women who were prescribed treatments with anticholinergic drugs were included.

The average age of our population was 67 years (38 - 88 y.). Body Mass Index (BMI) was 29.7 kg/m<sup>2</sup> (19 - 48) and the Oxford Test was 2/5 (0 - 5).

In 39 patients (32%), pelvic organ prolapse was associated, and 29 patients (23.8%) had a history of pelvic floor surgery. Average ICIQ-SF was 13 (0 – 20).



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## Study design, materials and methods

Mixed quantitative-qualitative cross-sectional study. Our target population were women who present with urinary urgency with pure UUI in whom treatment with anticholinergic drugs is prescribed during the year 2023 in our center. Only those patients who did not previously improve with nonpharmacological measures such as bladder re-education, attention to the intake of bladder stimulants and evaluation of diuretic administration are included.

#### Variables:

- Main: Abandonment of medication (yes/no)
- N<sup>a</sup> episodes
- Urination frequency
- Nocturia
- ICQ-SF
- Perineal testing
- Concomitant prolapse
- Previous pelvic floor surgery
- Demographic parameters: age, BMI, hormonal status, parity, diabetes mellitus
- Previous IUU treatment
- Description of the reason for abandonment.

NO YES

## Causes of abandonment n=40 (32,8%)

Adverse effects	22 (55%)
Lack of treatment	14 (35%)
Economic reasons	4 (10%)

## Comparative Analysis: Abandonment treatment vs

Drug used	Pearson chi2	1,4870	P=0,829
Age	T-test	0,8281	P=0,409
Concomitant Diabetis	Pearson chi2	1,0026	P=0,317
Pelvic Organ Prolapse	Pearson chi2	0,3244	P=0,569
Nocturia	T-test	0,6646	P=0,508
N. UUI episodes	T-test	1,0610	P=0,291
ICIQ-SF basal	T-test	0,4221	P=0,674
Effectiveness	Pearson chi2	63,7032	P=0,000

## Conclusions

Excel® type database was used to collect information. The results were analyzed with the Stata 14.0 statistical analysis package.

In the descriptive analysis, the categorical variables (absolute numbers and/or percentage) and the continuous variables were presented with the mean and standard deviation, if they follow the normal distribution; with median and percentiles if they do not follow this distribution.

In the bivariate analysis of the data, the categorical variables were compared with the Chi square test (or Fisher's exact test when indicated) and the continuous variables, depending on the normality of the data, were analyzed according to the Student's t test or with a McNemar test if non-parametric tests were not required. Multivariate analysis was not addressed, due to the only association of parameters in the bivariate, which did not allow combinations. Pharmacological treatment with anticholinergics in women affected by overactive bladder and UUI has an abandonment rate of 32% in our sample.

Our results indicate a statistically significant cause of treatment abandonment in our sample is the lack of treatment effectiveness.

The abandonment of anticholinergic treatment in our sample is not related to demographic variables or the clinical symptoms present at the time of the consultation.

## References

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3. Van Doorn T, Reuvers SH, Roobol MJ et al. Development of a prediction model in female pure or predominanturge urinary incontinence: a retrospective cohort study. Ther Adv Urol 2022;14:1–15