

## CHANGING THE FIRST OVERACTIVE BLADDER (OAB) THERAPY WITH TOLTERODINE ER TO FESOTERODINE IN DAILY PRACTICE: THE EFFECT OF AGING ON PATIENT-REPORTED TREATMENT BENEFIT IN THE IMPACTA STUDY

### Hypothesis / aims of study

The aim of this study is to explore the effect of age on patient-reported treatment benefit in subjects with symptomatic OAB who switch from tolterodine ER therapy to flexible dosing with fesoterodine in real life setting.

### Study design, materials and methods

A post-hoc analysis of data from a cross-sectional and retrospective study was carried-out. Inclusion criteria for this analysis included male and female outpatients, >18 years, diagnosis of OAB, currently symptomatic [OAB-V8 score  $\geq 8$ ], and for whom a change due to any cause to daily fesoterodine from their first tolterodine ER-based therapy had occurred at the physician's discretion within 3–4 prior months. Patients could start at 4mg of fesoterodine, then be titrated to 8mg if additional efficacy was needed according to physician judgement. Patient-reported benefit of changing treatment was assessed using the self-administered Treatment Benefit Scale (1=greatly improved, 2= improved, 3=not changed, 4=worsened during treatment). Treatment satisfaction, worry, bothersome and interference with daily living activities of urinary symptoms were assessed based on ad-hoc questions using a likert scale (from 1=not at all to 5=very much/quit a lot). Correlation analysis, ANCOVA and multivariate logistic regression were applied.

### Results

748 patients met inclusion criteria for analysis; mean [SD] age 61.4 [10.9] years; 76% women, 55.9% <65 years. Overall, age was not found to be correlated with urinary symptoms status or treatment benefit ( $\rho < 0.1$ ,  $p > 0.1$ ). Compared with younger subjects, patients > 65 showed similar improvements in urinary symptoms after switching to fesoterodine, except for 'worry on incontinence during sexual attempt' which was higher in the younger group; 2.3 [2.2-2.4] versus 2.0 [1.9-2.2],  $p = 0.008$ , nocturia, was slightly higher in the older group; 3.0 [2.9-3.1] versus 3.2 [3.0-3.3],  $p = 0.051$ , and interference with work/domestic activities was higher in the younger group; 2.7 [2.6-2.8] versus 2.2 [2.0-2.3],  $p < 0.001$  (see Table 1). Treatment benefit was found to be greatly improved/improved in both groups, without significant differences; 94.2% vs. 94.8%; odds ratio=0.96 [0.52-1.76],  $p = 0.888$ .

### Interpretation of results

There was no correlation in urinary symptoms status or treatment benefit with age, with the exception of sexual satisfaction and interference in work/domestic activities that were higher in the younger group and the nocturia which was higher in the older group.

### Concluding message

A change from tolterodine ER-based therapy to fesoterodine in symptomatic OAB patients was associated with increased patient-reported treatment benefit in term of improvement of related urinary symptoms and satisfaction with treatment. Improvement was mostly not affected by age.

**Table 1.** Urinary symptoms improvement after switching from tolterodine ER to fesoterodine according to age of patients.

Urinary symptoms (not at all=0 to quite a lot=5)	Total	<65 years	>65 years	F <sup>§</sup>	r <sup>£</sup>
<i>Worry</i>					
Frequency	3.2	3.2	3.3	1.0	0.056
Incontinence during sexual attempt	2.2	2.3	2.0	7.0*	-0.128 <sup>‡</sup>
Nocturia	3.0	3.0	3.1	3.8*	0.104 <sup>‡</sup>
Frequency of infections	2.4	2.4	2.4	0.1	0.022
Urgency	3.2	3.2	3.3	0.3	0.044
Bladder pain	2.3	2.3	2.4	0.1	0.034
Urge incontinence	3.1	3.1	3.2	1.6	0.055
Urinary difficulties	2.2	2.1	2.3	3.3	0.141 <sup>‡</sup>
Stress incontinence	2.2	2.1	2.2	1.2	0.028
<i>Bother</i>					
Urinary frequency	3.2	3.2	3.3	0.6	0.029
Strong desire to urinate	3.3	3.3	3.3	0.2	0.022
Urine loss associated with a strong desire to urinate	3.1	3.1	3.2	2.5	0.055
<i>Interference with daily-living activities</i>					
Usual activities	3.0	3.0	3.1	0.4	0.034
Leisure	3.1	3.1	3.1	0.1	-0.005
Work/domestic activities	2.5	2.7	2.2	31.5 <sup>‡</sup>	-0.197 <sup>‡</sup>

*p* significance level adjusted by sex, driven of treatment change, treatment adherence, treatment length, reason for switching; Values are mean with 95% CI. <sup>£</sup> Pearson coefficient of correlation between symptom score and age. <sup>§</sup> Snedecor' F from ANCOVA model.  
\**p*<0.05; <sup>‡</sup>*p*≤0.001

**Disclosures**

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