

EFFICACY OF SOLIFENACIN WITH OR WITHOUT TAMSULOSIN IN PATIENTS WITH OVERACTIVE BLADDER

Hypothesis / aims of study

The term overactive bladder (OAB), first used in 1997, has developed to become the OAB syndrome, a term that encompasses the collection of bladder storage symptoms (including: urgency, frequency, urge incontinence and nocturia) suggestive of detrusor overactivity. The first definition of OAB held that the symptoms of urgency, frequency, urge incontinence and nocturia could 'occur singly or in combination'.

Symptoms of an overactive bladder are common in adults in the community. Around one sixth of adults aged 40 years reported in Europe.

One third of people with overactive bladder have urge urinary incontinence. Frequency and urgency can be just as bothersome as leakage, and overall the effects of overactive bladder symptoms on quality of life are profound.

Study design, materials and methods

The two main treatment options for overactive bladder syndrome are bladder retraining and anticholinergic drugs. As a result the drugs often cause side effects (such as dry mouth or eyes, headache). However, uncertainty still exists as to their effectiveness, which ones are best, is still investigated. Therefore, the aim of this study was to evaluate the efficacy of Solifenacin with or without Tamsulosin in patients with overactive bladder.

Results

- 53 patients with OAB were randomly divided into 2 groups.
- The Patients received either Solifenacin 5mg/day in group A or combined with Tamsulosin 0.2mg/day in group B for 2 weeks. During the treatment period, all the patients recorded voiding and adverse events in a diary.
- The symptoms were evaluated by OABSS scores at the beginning and end of the therapy period.
- The results of the efficacy and safety were analyzed by using SPSS.
 - The OABSS scores at the beginning and end for the two groups were significantly different ($p < 0.01$). In both groups the efficacy was obvious.
 - The OABSS scores at the end of the therapy between Group A and B were significantly different ($p < 0.05$). The efficacy of Group B was better than that of Group A.

Interpretation of results

The OABSS scores at the beginning and end for the two groups were significantly different ($p < 0.01$). In both groups the efficacy was obvious.

Concluding message

The efficacy of Solifenacin combined with Tamsulosin was better than Solifenacin alone in Overactive Bladder.

Disclosures

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