

## DO EFFECTS ON BOWEL PATTERNS IMPOSED BY SOLIFENACIN ALWAYS HAVE NEGATIVE IMPACTS ON TREATING PATIENTS WITH OVERACTIVE BLADDER (OAB)?

### Hypothesis / aims of study

To investigate whether solifenacin intervention leads to any changes in bowel symptoms, and the types of impacts imposed on bowel symptoms in patients with overactive bladder (OAB).

### Study design, materials and methods

This prospective, single-arm observational study included 40 adult patients who underwent anticholinergic treatment for OAB. Outcome measures were determined by examining differences in voiding and bowel symptoms, before and after patients were begun on anticholinergic therapy. Patients were evaluated at baseline, 4, and 12 weeks via questionnaires on OAB and irritable bowel syndrome (IBS), side effects, and overall satisfaction with the treatment.

### Results

A total of 22 patients completed follow-up visits. Mean age was  $62.1 \pm 10.3$  years. The most common side effects were constipation and dry mouth. OAB symptom scores improved, with significant changes in urgency, incontinence, and total symptom scores and borderline significant changes in frequency. All bowel symptoms except diarrhea became aggravated. Average constipation and overall quality of life worsened with significance. Aside from the specific bowel habit changes, solifenacin treatment resulted in changes in patient status of IBS, as well. Patients were mostly satisfied with the treatment, despite some aggravations in discomfort due to defecation problems.

### Interpretation of results

The most commonly reported side effects were constipation and dry mouth. It seemed that anticholinergics influenced bowel symptoms in patients, generally in the direction of less loose and/or less frequent stool, with greater fecal discomfort. Therefore, aside from the specific bowel habit changes, solifenacin treatment resulted in improvement in some patients' status of IBS, as well.

### Concluding message

This study shows that solifenacin treatment is effective for treating urinary incontinence but may lead to changes in bowel patterns and affects overall QoL. Effects on bowel patterns imposed by solifenacin can be positive or negative impacts, therefore, physicians should consider more holistic therapy by addressing overall bowel symptoms when treating OAB patients

**Table 1. Patient demographics (N = 22)**

Age (years)	62.1 ± 10.3
Body mass index (kg/m <sup>2</sup> )	24.1 ± 2.8
Other diseases (n)	
Diabetes mellitus	5
Hypertension/cardiovascular diseases	9
Gastrointestinal diseases	4
Dyslipidemia	1
Thyroid diseases	3
Arthritis	2
Osteoporosis	3
Other	4
Medications other than solifenacin (n)	15

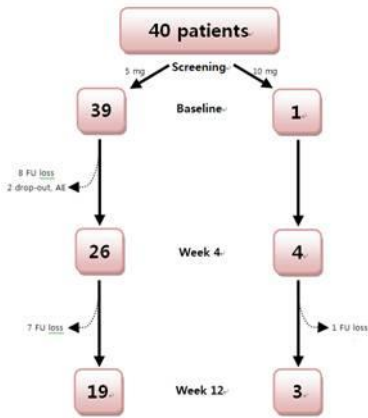


Figure 1. Number of patients and respective solifenacin doses at each outpatient visit. FU = follow-up. AE = adverse event.

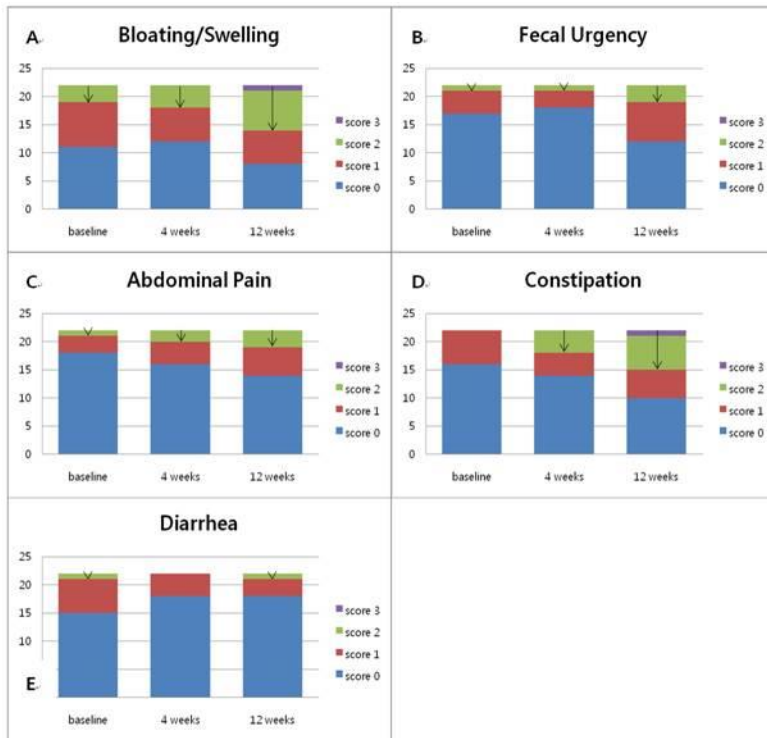


Figure 2. Changes in level of discomfort with time due to categories of irritable bowel symptoms. Frequency of scores greater than 1 are highlighted with arrows. (A) Bloating or swelling. (B) Fecal urgency. (C) Abdominal pain. (D) Constipation. (E) Diarrhea.

**Disclosures**

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