

## PATIENT INITIAL TREATMENT PREFERENCE IS ANTICHOLINERGIC THERAPY OVER ONABOTULINUMTOXIN A FOR URGENCY URINARY INCONTINENCE REGARDLESS OF SYMPTOM SEVERITY

### Hypothesis / aims of study

Based on urinary incontinence symptom severity and potential treatment side effects, do patients demonstrate a preference for onabotulinumtoxinA injection vs. oral anticholinergic therapy? Does higher probability of full resolution of incontinence symptoms with injection outweigh risk of potential treatment side effects in patient selection of first line treatment modality?

### Study design, materials and methods

A limited sampling of new, untreated patients (n=15) with newly diagnosed urgency urinary incontinence were administered a questionnaire listing the treatment options of both oral anticholinergic therapy and onabotulinumtoxinA injection, including side effects. Disclosed side effects were those specifically mentioned in the ABC Trial and included dry mouth, dry eyes, constipation, difficulty emptying bladder and possibility of required catheterization.[1] Frequency of each side effect was listed for each treatment modality. Furthermore, patients were provided trial's outcomes for complete resolution of symptoms with onabotulinumtoxinA injection vs. anticholinergic pills which were 27% and 13% respectively, though both treatment modalities were indicated to yield partial relief of symptoms. Treatment preference questionnaire provided opportunity for patients to choose between the two therapies as well as a list of reasons including the option to express any other reasons via free response.

Additionally, to qualify severity of urinary incontinence symptoms patients completed three questionnaires: Overactive Bladder questionnaire (OAB-q), American Urologic Association Symptom Score (AUASS) and International Consultation on Incontinence Questionnaire (ICIQ). Two individuals did not complete symptom questionnaires thus their symptom severity was not included in the assessment. Questionnaire responses were totalled to give numerical values and included data from all available participants. Finally, results of treatment preference were compared to symptom severity to determine if a link could be suggested.

### Results

All patients, when given the option of anticholinergic therapy vs. onabotulinumtoxinA, chose anticholinergic therapy with one exception. This individual abstained from a direct choice and indicated only wanting the treatment that had a better chance of cure as noted in the reason section. Symptom severity ranged from 7-36 on OAB-q, 4.5-33 on AUASS, and 1-17 on ICIQ. Both fear of self-catheterization (n=9) and wanting a treatment with the better chance of cure (n=6) were the major cited reasons for selected modality. AUASS quality of life score ranged from 1-6 with majority of individuals feeling mostly dissatisfied or worse if required to live with their symptoms (n=11).

### Interpretation of results

It appears choice is strongly influenced by fear of side effects. Despite the odds of complete cure being higher with injection, and patients marking a preference for the treatment with a better chance of cure, individuals ultimately chose oral anticholinergic therapy over onabotulinumtoxinA injection for their initial treatment. Severity of symptoms and quality of life score were not sufficient motivators to opt for a more invasive first line treatment.

### Concluding message

Despite patient preference overwhelmingly resting on less invasive and more traditional first line therapies, a more aggressive initial approach may be desired by a few. The small sample size demonstrated symptom severity was less of a factor than fear of side effects. However, if a patient selects one modality over another based on efficacy and personal preference, should first line options be limited by standard treatment algorithm or advanced forward based on patient wishes?

### References

1. Visco AG, Brubaker L, Richter HE et al. Anticholinergic Therapy vs. OnabotulinumtoxinA for Urgency Urinary Incontinence. NEJM 2012;367:1803-1813

### Disclosures

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