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?

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.

Patient Comments

“If the pill doesn’t work can change to Botox.”

“Start with pill.”

“If side effects are severe, I want the ability to stop the pill immediately.”

Questionnaire

Antimuscarninic Therapy vs. Onabotulinumtoxin A for Urgency Urinary Incontinence Patient Preference Evaluation

Please complete the following survey to better help us understand the preference of patients who are selecting treatments for their urgency urinary incontinence.

You have been diagnosed with urgency urinary incontinence and are we attempting to understand which treatment option you would choose. We would like you to consider that you would be receiving this treatment for the next 3 years. (Reasons for your selection should be based on your individual experiences and your treatment preferences.)

Both treatments can cause some difficulty in emptying your bladder but this is more common with the Botox injection. Up to 9% of patients receiving onabotulinumtoxinA injection may need to catheterize to empty their bladder. This is only temporary and the majority do not need catheterization for 1 month but may need up to 3 months before the medication wears off. Although the anticholinergic pill can cause difficulty emptying the bladder it is usually not severe enough to require catheterization and the effects wear off once stopping the medication. Urinary tract infections occur in 33% of patients receiving the Botox injection and 15% of those receiving the anticholinergic pill. These infections are treated with 3 days of an antibiotic.

Both therapies 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 advance forward based on patient wishes?

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 advance forward based on patient wishes?