

REASONS FOR PRESCRIPTION CHANGE OF ANTIMUSCARINIC AGENTS IN PATIENTS WITH OVERACTIVE BLADDER

Hypothesis / aims of study

To investigate the reasons for prescription change of antimuscarinic agents in patients with OAB

Study design, materials and methods

The ratio and interval of prescription change assessed 1067 patients who were eligible for the study and took 1 of 4 different antimuscarinics (fesoterodine, solifenacin, propiverine or trospium). The reasons for prescription change and evaluation of efficacy analysed 267 patients whose medical records were complete.

Results

Prescription change to another antimuscarinic agent occurred in 30.7% (328/1067) patients and the mean duration of taking their first antimuscarinic agent was 6.8 ± 4.2 weeks. Lack of efficacy (57.2%) was the main reason for changing antimuscarinic agent followed by adverse events (28.6%), relatively high cost compared with other antimuscarinics (7.3%), inconvenience of taking drugs (5.2%) and co-morbidity (1.7%). The mean duration of treatment according to each reason increased adverse events (3.3 ± 2.2 weeks), relatively high cost compared with other antimuscarinics (4.7 ± 2.5 weeks), co-morbidity (6.5 ± 2.8 weeks), inconvenience of taking drugs (6.8 ± 2.9 weeks), and lack of efficacy (10.8 ± 6.8 weeks). The proportion of prescription change (16.3%) and prescription change because of adverse events (10.4%) in the fesoterodine group were low compared with other drugs ($P < 0.05$ and $P < 0.006$, respectively).

Interpretation of results

Major reasons for prescription change in patients taking antimuscarinic agents were lack of efficacy and adverse events. In the fesoterodine group, the proportion of prescription change was significantly low compared to that in other three groups.

Concluding message

The evaluation of the impact of prescription change on the health of patients, adherence to treatment, and disease progression is warranted in the future study.

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** PNUH IRB (Pusan National University Hospital Institutional Review Board) **Helsinki:** Yes **Informed Consent:** Yes