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DESCRIPTION OF PATIENT PROFILE AND HEALTHCARE RESOURCES USE IN OAB PATIENTS TREATED WITH FLEXIBLE DOSE ANTIMUSCARINICS

Hypothesis / aims of study
Dose adjustment is a common practice on the treatment of Overactive Bladder (OAB). We describe the profile of patients that escalate dose (E) versus those who start at a high dose and maintain it through the treatment (HDM).We also analyze the use of healthcare resources utilization during the study.

Study design, materials and methods
Retrospective, multicentric, study in patients treated with flexible dose antimuscarinic for more than 8 weeks. There were three visits during the study; V-2, gathering of demographic data and beginning of treatment, V-1, or follow up visit and V0, or study visit (dose change, reason for change, benefits and adherence to treatment). A comparative and descriptive analysis was performed between E and HDM groups.

Results
851 patients were analyzed. The mean age was 61.29 years and 74.5% were women. Median OAB evolution time of 8 months. 83.5% presented a concomitant disease: hypertension (49.6%), urinary tract infections (38.3%).73.4% was receiving concomitant treatment.
61.6% of patients escalated dose while 38.4% began on high dose and maintained without significant differences between groups on age.
Mean evolution time of OAB and mean duration of the treatment were significantly longer for the E group vs HDM (8.5 vs 7.6 months, P=0.04 and 13 months vs 8 months, P=0.000 respectively).
Concomitant disease presence was greater in E with 3 diseases (86.1%) vs 2 diseases in the HDM group (80.6%) (P=0,090).
The number of visits to primary care physician was 2.1 (mainly in patients who increase the dose) and to the specialist 2.6.
The number of patients with incontinence at the beginning of the treatment were fewer on the HDM group vs E group (33.5% vs 48.9%, P=0.000).
There was a 37% decrease in pads use from V-1 (2.0 diapers) to V0 (0.94). Patients who have modified the dose during the study period have used more pads than those who have maintained the same dose along the study period.

Interpretation of results
Patients in the E group have longer OAB evolution, higher number of urine loses, have been treated for longer time and have higher number of concomitant diseases than patients in the HDM group.
The Utilization of healthcare resources in OAB patients depends on the proper selection of initial treatment.

Concluding message
In the common clinical practice there are more patients who escalate dose of antimuscarinic than patients who start at high dose and maintain it. From the economical and healthcare resource use perspective, it seems more efficient to start the OAB treatment with an antimuscarinic at high dose.

Table 1. Treatment effects and healthcare resources

	Increased dose in v-1 338	Maintaned high dose 206	p
OAB-q SF (Score 0-100), mean (SD)			
OAB-q SF Symptom Bother	35.6 (20.9)	29.0 (19.8)	0.001
OAB-q SF Health Related Quality of Life	68.2 (19.7)	73.7(18.6)	0.003
PPBC (Score 1-6), mean (SD)	2.3 (1.2)	1.9 (1.3)	0.000
UPS scale, n (%)			
Unable to hold	71 (21.0)	30 (14.6)	
Hold but hurry			
Hold until finish task	196 (58.0)	105 (51.0)	0.002
	71 (21.0)	71 (34.5)	
ICG-G (0-7), mean (SD)	2.9 (1.4)	2.4 (1.3)	0.000
ICG-M (0-7), mean (SD)	2.2 (1.0)	2.0 (1.1)	0.032
Scale TBS, n (%)			
Greatly improved/improved	297 (87.9)	182 (88.3)	
No change.	40 (11.8)	21 (10.2)	0.273
Worsened during treatment	1 (0.3)	3 (1.5)	
Morisky-Green, complies with treatment. n (%)	150 (44.4)	122 (59.2)	0.001
Pad reduction.	-1.3 (1.5)	-1.0 (1.5)	0.000
Primary care visits	2.6 (3.4)	2.0 (3.1)	0.002
Specialists visits	2.8 (1.8)	2.6 (2.1)	0.061

Disclosures

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