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ADHERENCE TO ANTICHOLINERGIC AGENTS BY JAPANESE FEMALE OAB PATIENTS: PATIENTS OF OAB WET AND OAB DRY

Hypothesis / aims of study

The anticholinergic agents are effective for the symptoms derived from detrusor overactivity. However, these drugs are associated with several adverse events, including dry mouth, constipation, and blurred vision. Thus, it has been reported that adherence to treatment regimens with these drugs is low in patients of overactive bladder (OAB). To evaluate factors related to maintenance of adherence and continuation of anticholinergic agents as first-line and second-line anticholinergic agent for OAB wet and OAB dry patients in Japanese.

Study design, materials and methods

Female patients who received medication for OAB from January 2005 to September 2012 at Tottori University Hospital were evaluated. Patients whose periods of follow up less than 2 years were excluded. The presence of OAB was identified by OABSS, frequency-volume charts. Patients were treated with various medication at the discretion of each urologist, including propiverine (10 or 20 mg/day), solifenacin (5 or 10 mg/day), tolterodine (4 mg/day), imidafenacin (0.2 mg/day), and oxybutynin (3-9 mg/day). Persistency rate of the first-line anticholinergic agent and the reasons for changing the second-line anticholinergic agents or stopping medication in OAB wet and OAB dry patients were evaluated. Persistency rate of the second-line anticholinergic agent and the reasons for changing the second-line anticholinergic agent and the reasons for changing the second-line anticholinergic agent and the reasons for changing the second-line anticholinergic agent and the reasons for changing the second-line anticholinergic agent and the reasons for changing the second-line anticholinergic agent and the reasons for changing the second-line anticholinergic agent and the reasons for changing the second-line anticholinergic agent and the reasons for changing the second-line anticholinergic agent and the reasons for changing the third-line anticholinergic agents or stopping medication were also evaluated.

Results

Total of 101 patients were eligible for this study. 54 patients were diagnosed OAB wet and 47 were diagnosed OAB dry. The mean age of OAB wet and OAB dry were 69.37±12.05 and 68.53±12.64. The mean score of OABSS of OAB wet and OAB dry were 11.44±2.75 and 7.43±2.75 (Table 1). There were no significant difference of the first-line anticholinergic agent persistency rate between OAB wet and OAB dry patients (Fig 1). However, there were significant difference of the reasons for changing the second-line anticholinergic agents or stopping medication in OAB wet and OAB dry (Table 2, p<0.01). The number of OAB wet and OAB dry patients who received second-line anticholinergic agents were 20 and 15. There were no significant difference of the second-line anticholinergic agent persistency rate between OAB wet and OAB dry patients (Fig 2). There were no significant difference of the reasons for changing the third-line anticholinergic agents or stopping medication in OAB wet and OAB dry patients (Fig 2). There were no significant difference of the reasons for changing the third-line anticholinergic agents or stopping medication in OAB wet and OAB dry patients (Fig 2). There were no significant difference of the reasons for changing the third-line anticholinergic agents or stopping medication in OAB wet and OAB dry patients (Table 3).

Interpretation of results

In our study, there were no significant difference in adherence and continuation of anticholinergic agents as first-line and secondline therapy for OAB wet and OAB dry patients. On the other hand, the reasons for changing the second-line anticholinergic agents or stopping medication showed significant difference between OAB wet and dry. Even if adverse event was hard for OAB wet, because the symptom as the incontinence was tight, there is a possibility that patients of OAB wet continue anticholinergic agents. The limitation of this study is that there were few cases. A large number of patients could lead to a different result.

Concluding message

There was no significant difference in adherence and continuation of anticholinergic agents as first-line and second-line therapy for OAB wet and OAB dry patients, but the reasons for changing the second-line anticholinergic agents or stopping medication may different.

Table 1

Patient's characteristics

	OAB wet	OAB dry	p-value	Total
age	69.37±12.05	68.53±12.64	ns	68.92±12.36
OABSS score	11.44±2.75	7.43±2.75	<0.01	9.57±3.27

Table 2

The reasons for changing the second-line anticholinergic agents or stopping medication

	improvement	adverse events	lack of improvement	dropout		
OAB wet	8	7	18	6		
OAB dry	2	18	12	13		
Total	10	25	30	19		
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Fisher's test P<0.01

Table 3 The reasons for changing the third-line anticholinergic agents or stopping medication

	improvement	adverse events	lack of improvement	dropout
OAB wet	4	2	5	2
OAB dry	1	5	8	0
Total	5	7	13	2

Fig 1

Persistency rate of the first-line anticholinergic agent



days

Fig 2 Persistency rate of the second-line anticholinergic agent



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Disclosures

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