

DRY MOUTH OF OAB PATIENTS TREATED WITH MIRABEGRON AND ANTIMUSCARNICS

Hypothesis / aims of study

Dry mouth is the most common adverse event of pharmacotherapy in OAB patients. We can use very easy and convenient objective examination, that is, Mucus test (oral moisture meter). The purpose of this study is to investigate the clinical characteristics of dry mouth in OAB patients treated with antimuscarinics and mirabegron by subjective and objective examinations.

Study design, materials and methods

OAB patients treated with medications including mirabegron and antimuscarinics (fesoterodine, propiverine, solifenacin and imidafenacin) between July and October 2015 were enrolled into this study. As a control group, we selected LUTS patients treated with alpha-blockers. Subjective evaluation of dry mouth (xerostomia) included a single item subjective questionnaire (How often do you feel dry mouth?) and General Oral Health Assessment (GOHAI) Japanese version. Mucus test has proved its usefulness in the evaluation of hyposalivation in Sjogren's syndrome (#1). Standard value of oral moisture content in healthy subject is equal and more than 30.0 and low oral moisture (Mucus value < 30). Patients were divided into normal and low oral moisture groups in accordance with Mucus values. Presence or absence of xerostomia was determined on the basis of the answer of single item questionnaire.

Results

Enrolled patients were divided into mirabegron (n=10), antimuscarinics (n=30) and control groups (n=15). In mirabegron group, rate of normal moisture level was 90%, however, rate of xerostomia was 30%. On the other hand, in antimuscarinic group, rate of normal moisture level was 30%, however, rate of xerostomia was 20%. These findings suggested subjective symptom (xerostomia) may not be associated with objective findings such as oral moisture level. The QOL of each group was not significantly different using GOHAI.

Dry mouth of OAB patients treated with pharmacotherapy

	Mirabegron (n=10)	Antimuscarinics (n=30)	Control (n=15)
Age	72.6 ± 9.8	70.1 ± 10.7	71.0 ± 6.6
Female/Male	6/4	12/18	3/12
Tongue moisture value	30.8 ± 0.7	30.4 ± 1.5	30.1 ± 1.0
Rate of xerostomia*	30% (3/10)	20% (6/30)	0% (0/15)
Rate of low oral moisture	10% (1/10)	33% (10/30)	60% (9/15)
GOHAI total score	53.4 ± 8.8	53.6 ± 8.4	55.9 ± 4.5

* On the basis of a single item questionnaire ** According to the results of Mucus® test

Concluding message

Low oral moisture in mirabegron treatment may be less frequent compared with antimuscarinics treatment. However, symptom of dry mouth may be not so different between mirabegron and antimuscarinics treatment. Oral moisture level might be not associated with subjective perception for dry mouth (Xerostomia).

References

1. Br J Radiol 2011;84:393-402

Disclosures

Funding: None **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics not Req'd:** this is the retrospective study **Helsinki:** Yes **Informed Consent:** Yes