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PATIENTS' RESPONSES AND SIDE EFFECTS ON SOLIFENACIN SUCCINATE FOR OVERACTIVE BLADDER

Hypothesis / aims of study

Overactive bladder (OAB) is a common urogynaecological condition that greatly impacts an individual's quality of life. The worldwide prevalence of OAB was estimated to be 10.7%.(1)

Muscarinic receptor antagonists are the mainstay of oral pharmacotherapy for OAB, and persistence with a medication has been shown to be a critical predictor of outcomes in this chronic condition.(2) Persistence with antimuscarinic therapy is generally poor, and OAB remains a difficult and debilitating condition. However, some studies have shown that Solifenacin Succinate was associated with higher levels of persistence as compared with other prescribed anti-muscarinic agents.(3) Increased understanding of the factors contributing to discontinuation of prescribed treatment is essential in optimizing patient care and management. We seek to review the symptom response and side effects experience by patients on Solifenacin Succinate within our institution over a 6 month period, as well as evaluate reasons for treatment discontinuation.

Study design, materials and methods

A retrospective descriptive study was conducted in a tertiary Obstetrics and Gynaecology hospital Urogynaecology department, including female patients initiated on Solifenacin Succinate pharmacotherapy between January and December 2012 for treatment of OAB. Data was collected up to 6 months after initiation of treatment for each patient. Patients were identified from the hospital's outpatient pharmacy database and case notes were reviewed retrospectively to obtain demographic data, reasons for discontinuation of treatment and adverse effects experienced on Solifenacin Succinate. All patients were routinely asked to report on lower urinary tract symptoms of frequency, urgency, nocturia, stress urinary incontinence and urge urinary incontinence prior to initiation of therapy and at the 1, 3 and 6 month follow-up visits after initiation of Solifenacin Succinate. Patients were excluded from the study if they had received treatment for OAB in the past 6 months.

Results

183 eligible patients were identified. The mean age was 56.4 +/-14.1 (range 17-85 years old). There were 151 (82.5%) Chinese patients, 14 (7.7%) Malay patients, 9 (4.9%) Indian patients and 9 patients (4.9%) of other racial groups. The mean parity was 2.3 (range 0-11). 113 (61.7%) patients were post-menopausal. The most common pre-existing medical conditions amongst our patients include hypertension (35.5%), hyperlipidemia (24.6%) and diabetes mellitus (9.3%).

At presentation, the patients reported urinary frequency of mean 1.4 hours +/- 0.8 (range 0.5-3.5 hours) with mean nocturia 2.1 times +/-1.1 (range 0-4). 166 (90.7%) of patients reported sensation of urinary urgency for a mean of 2.4 years +/-3.1 prior to seeking medical attention. 121 patients (66.1%) had urge incontinence for mean 1.8years +/-3.0. 57 patients (31.5%) reported perceived restriction of social / physical activities because of their symptoms.

124 patients (67.8%) returned for their 1 month follow up review. The mean daytime urinary frequency was 2.1 hours +/-0.8. Mean nocturia was 1.7 times +/-1.0. 75.9% of patients reported improvement of sensation of urinary urgency, 0.9% reported worsening of symptoms and 23.2% reported no change. 76.9% of patients reported improvement in urge incontinence, 2.4% worsened and 20.7% no change. 83 patients (45.4%) returned for their 3 month follow up review. The mean daytime urinary frequency was 2.1hours +/-0.8. Mean nocturia was 1.6 times +/-1.0. 72.4% of patients reported improvement of sensation of urinary urgency, 10.5% reported worsening of symptoms and 17.1% reported no change. 76.8% of patients reported improvement in urge incontinence, 7.1% worsened and 16.1% no change.

45 patients (24.6%) returned for their 6 month follow up review. The mean daytime urinary frequency was 2.4 hours +/-0.7. Mean nocturia was 1.5 times +/-1.0. 85.4% of patients reported improvement of sensation of urinary urgency, 7.3% reported worsening of symptoms and 7.3% reported no change. 90.6% of patients reported improvement in urge incontinence, 0% worsened and 9.4% no change.

The mean duration of treatment was 126 days (range 6-898 days). At 1 month, 67.8% of patients remained on treatment. This fell to 46.4% at 3 months and 27.3% at 6 months.10 patients were still on Solifenacin Succinate upon conclusion of the study. 144 patients (83.2%) reported no side effects experienced. 10 patients (5.8%) reported dry mouth, 7 (4.0%) reported blurring of vision, 5 patients (2.9%) reported constipation, 3 patients (1.7%) reported dry eyes. Other reported side effects include skin itch (2 patients), headache (1 patient), giddiness (1 patient) and urinary retention (1 patient). The reasons for discontinuation of treatment included subjective resolution of symptoms in 39 patients (37.1%), perceived ineffective treatment in 31 patients (29.5%), intolerable side effects in 22 patients (21.0%), high cost of treatment in 9 patients (8.6%) and switch to other anti-cholinergic medications in 7 patients (6.7%).

Interpretation of results

The use of Solifenacin Succinate amongst our group of patients was associated with a subjective improvement in urinary frequency, urgency and urge incontinence and a reduction in nocturia. The persistence of medication was less than expected, with only 27.3% of patients still on the medication at the 6 month follow up visit. The commonest reasons for discontinuation are subjective resolution of symptoms, perceived ineffective treatment and intolerable side effects. The majority of patients (83.2%) reported no side effects experienced. The commonest side effect experienced was dry mouth (5.8%).

	At presentation	1 month	3 months	6 months
Follow-up rate n (%)	183	124 (67.8)	83 (45.4)	45 (24.6)
Frequency (hrs) (mean ± stdev)	1.4 ± 0.8	2.1 ± 0.8	2.1 ± 0.8	2.4 ± 0.7
Frequency (hrs) n (%)				
(a) <1	50 (27.5)	10 (9.1)	3 (3.8)	0
(b) 1	59 (32.4)	12 (10.9)	15 (19.2)	6 (14.6)
(c) 2	50 (27.5)	55 (50.0)	33 (42.3)	12 (29.3)
(d) 3	20 (11.0)	30 (27.3)	25 (32.1)	22 (53.7)
(e) >3	3 (1.6)	3 (2.7)	2 (2.6)	1 (2.4)
Nocturia (times) (mean ± stdev)	2.1 ± 1.1	1.7 ± 1.0	1.6 ± 1.0	1.5 ± 1.0
Nocturia (times) n (%)				
(a) <1	30 (16.5)	22 (20.0)	17 (21.8)	12 (29.3)
(b) 1	34 (18.7)	29 (26.4)	23 (29.5)	12 (29.3)
(c) 2	34 (18.7)	32 (29.1)	22 (28.2)	8 (19.5)
(d) 3	49 (26.9)	17 (15.5)	9 (11.5)	8 (19.5)
(e) >3	35 (19.2)	10 (9.1)	7 (9.0)	1 (2.4)
Urgency n (%)	166 (90.7)			
Urgency n (%)				
(a) Improved		85 (75.9)	55 (72.4)	35 (85.4)
(b) Worsened		1 (0.9)	8 (10.5)	3 (7.3)
(c) No change		26 (23.2)	13 (17.1)	3 (7.3)
Urge incontinence n(%)	121 (66.1)			
Urge incontinence n (%)				
(a) Improved		63 (76.9)	43 (76.8)	29 (90.6)
(b) Worsened		2 (2.4)	4 (7.1)	0
(c) No change		17 (20.7)	9 (16.1)	3 (9.4)

Concluding message

Improving persistence to pharmacotherapy is a challenge to both patients and clinicians. The findings of this study aids in the counselling of patients initiated on Solifenacin Succinate treatment for OAB.

References

1. 1. Irwin DE, Kopp ZS, Agatep B, Milsom I, Abrams P. Worldwide prevalence estimates of lower urinary tract symptoms, overactive bladder, urinary incontinence an bladder outlet obstruction. BJU Int. 2011 Oct;108(7):1132-8
2. 2. Gomelsky A, Dmochowski RR. Update on management of overactive bladder: patient considerations and adherence. Open Access J Urol. 2011; 3: 7-17.
3. 3. Wagg A, compion G, Fahey A, Siddiqui E. Persistence with prescribed antimuscarinic therapy for overactive bladder: a UK experience. BJU Int. 2012 Dec;110(11):1767-74

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