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LONG-TERM SAFETY UPDATE: EXTENDED-RELEASE OXYBUTYNIN

Aims of Study

Oxybutynin chloride, an acetylenic amino ester was first synthesized in 1965. Interest was generated in this compound due to the anticholinergic, antispasmodic, and local anesthetic action, as well as the fact that oxybutynin was unusually free of central nervous system actions.[1] Originally used for treatment of peptic ulcer, the first clinical studies of oxybutynin for lower urinary tract symptoms demonstrated improvements in urinary frequency, urgency, and urge incontinence [2]. Oxybutynin chloride has been prescribed for the treatment of urge incontinence and other symptoms of overactive bladder for over twenty-five years. The adverse event profile printed in the prescribing information from the Physicians' Desk Reference for oxybutynin and for most medications is based on short-term randomized, controlled studies. Some adverse events may appear after long-term use or in a broader patient population. We examined the safety profile of extended-release oxybutynin during a large, one-year, open-label, multicenter study enrolling patients typically seen in a community-based urology practice.

Methods

The study enrolled 1067 patients (907 female and 163 male) with urge incontinence and other symptoms of overactive bladder. Patients received their individual optimum dose of extended-release oxybutynin ranging from 5-30 mg/day for up to 12 months. Adverse events were actively solicited during periodic office visits.

Results

The mean age of patients was 64.2 years (range 19-91), and over half (53.2%) were naïve to treatment for overactive bladder. The most common adverse events are shown in Table I. Most adverse events occurred in the first 3 months, and the incidence of most adverse events did not increase substantially over the 12 months. Adverse events not typically considered drug-related (accidental injury, pain, rhinitis, urinary tract infection) did increase substantially over 12 months. Adverse events that occurred after but not during the first 3 months of the one-year study typically occurred in 1 or 2 patients and were not drug related. The incidences of various adverse events reported during the first three months of the study were similar to that reported in the package insert.

	Months 1-3	Months 1-12	Package Insert
Dry Mouth	46.9%	51.5%	60.8%
Urinary Tract Infection	7.4%	15.2%	5.1%
Constipation	9.0%	12.6%	13.1%
Dyspepsia	7.0%	8.1%	6.8%
Headache	6.2%	7.6%	9.8%
Diarrhea	5.2%	7.1%	9.1%
Pain	2.3%	6.3%	6.8%
Abdominal Pain	3.8%	6.1%	<5%

Conclusions

The one-year study confirmed that long-term treatment of overactive bladder with extended-release oxybutynin in doses up to 30 mg/day was well tolerated. No new adverse events of clinical relevance were detected in this unselected population of over 1000 community-based patients.

References

[1] Lish PM, Labudde JA, Peters EL, Robbins SI. Arch Int. Pharmacodyn. Ther. 1965; 156(2): 467-488.
[2] Diokno AC, Lapides J. J. Urol. 1972; 108(2): 307-309.