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Pesce F[1], Rubilotta E[1], D'Amico A[1], Siracusano S[2], Righetti R[3], Celia A[4], Tiberio A[2], Artibani W[1]

1. Dept. Urology - Policlinico of Verona, 2. Dept of Urology -Trieste University, 3. Dept. Urology - Hospital of Legnago - Verona, 4. Dept. Urology - Policlinico- Modena

LONG-TERM ANTICHOLINERGIC THERAPY: DURATION AND CAUSES OF DISCONTINUATION

Aims of Study

Anticholinergic therapy is considered an effective tool in the management of overactive bladder (OAB). However, very limited information is available on the duration of this treatment in the literature in the real life (1). Aim of this study was to assess the duration of long-term therapy with anticholinergics and the reasons for withdrawal.

Methods

One-hundred and thirty-nine subjects who had been started on anticholinergic therapy were identified from the data base of the out-patient clinics of 3 centres. Data were evaluated centrally at a fourth centre. One-hundred and thirty-two women and 7 men were enrolled with a mean age of 61 yrs (range 12-82 yrs, sd 13.8). 127/139 pts (92.7%) had undergone filling cystometry. The indication to the treatment, the presence of detrusor overactivity (DO), the type and the dose of medication were obtained from the data base. Only pts who started therapy at least 6 months before were considered. The patients were asked over the telephone about the duration of the therapy and the reason of withdrawal. Statistical analysis was performed using T-test.

Results

The indications of therapy are summarised in Table I.

INDICATION	IDIOPATHIC OAB	NEUROGENIC OAB	*DE NOVO* URGE	OTHERS
No. pts 139 (%)	91 (65.5%)	13 (9.3%)	26 (18.7%)	9 (6.5%)

Table I. Indications of anticholinergic therapy

DO was diagnosed by filling cystometry in 89/127 subjects (70.1%).
In 82 pts (59%) tolterodine was administered, while in 57 pts (41%) oxybutynin. The most commonly used dose was 2 mg bid for tolterodine (75/82 pts, 91.5%) and 5 mg bid for oxybutynin (36/57 pts, 63.2%).
Overall, 109/139 pts (78.4%) stopped therapy after a median time of 2 months (range 0-55, mean 5.1, sd 8.5).
Among the remaining 30 pts (21.6%) who did not stop the treatment at the time of this study, the median duration of therapy was 18.5 months (range 8-51, mean 20.7, sd 12.5).
In the neurologic subgroup, 4/13 pts (30.8%) continued therapy.
Of the 89 subjects with DO at filling cystometry, 64 (71.9%) stopped anticholinergics after a mean duration of 6.1 months, while among the 38 pts without DO, 33 of them (86.8%) discontinued the treatment after 3 months. However, this difference was not statistically significant (p=0.097). 8/109 pts did not remember why they stopped the therapy. In Table II the causes of therapy withdrawal are listed.

Cause of withdrawal	No effect (clinician)	No effect (pt)	Adverse events	Symptom resolution	Cost	Low pt compliance	Other
No. Pts 101	14 (13.9%)	20 (19.8%)	18 (17.8%)	13 (12.9%)	9 (8.9%)	12 (11.9%)	15 (14.8%)

Table II. Cause of therapy withdrawal.

Conclusions

This study showed that a vast majority of pts (78.4%) on long-term anticholinergic therapy discontinue it after a relatively short time (2 mos). The main reasons for discontinuation are lack of efficacy (33.7%), side effects (17.8%) or low patient's compliance (11.9%). Interestingly, in 13% of the pts who stopped the therapy the symptoms resolved.

This withdrawal rate is noticeably higher than that reported in literature, although side effects and lack of efficacy rates are similar (1-2). The findings suggest that these subjects require a strict follow-up.

References

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