
Aims of Study
Extended-release oxybutynin chloride (Oxy-XL) was more effective in treating symptoms of overactive bladder than twice-daily tolterodine tartrate in the OBJECT trial (1). In this study, the efficacy and tolerability of Oxy-XL and extended-release tolterodine tartrate (Tol-LA) were compared.

Methods
This was a prospective, randomized, double-blind, parallel group study in women with ≥21 and ≤60 urge incontinence episodes/week and an average of ≥10 voids/24 hours. After a one-week voiding diary was obtained, women received Oxy-XL 10mg qd or Tol-LA 4 mg qd for 12 weeks. Outcome measures were the weekly numbers of urge incontinence, total continence, and micturition frequency episodes at 12 weeks adjusted for baseline.

Results
A total of 790 women were randomized at 71 U.S. sites, and 696 (88%) completed the study. At 12 weeks, improvements in urge incontinence and total incontinence were similar in both treatment groups. Oxy-XL was significantly more effective than Tol-LA in reducing micturition frequency episodes (66.4 vs. 71.1, p=0.003, LOCF). In addition, the percentage of women reporting no total incontinence episodes (23.0% vs. 16.8%, p=0.029, LOCF) was significantly higher in the Oxy-XL group. Tolerability was excellent in both groups, with <5% of all participants discontinuing for adverse events. Dry mouth was the most frequently reported adverse event. While dry mouth was more common with Oxy-XL than Tol-LA (p<0.05), rates of moderate to severe dry mouth were not significantly different between groups.

Conclusions
Overall, efficacy and tolerability of Oxy-XL and Tol-LA were similar. However, Oxy-XL was significantly more effective than Tol-LA in reducing micturition frequency episodes, and there was a significantly higher percentage of patients in the Oxy-XL group who had no total incontinence episodes at LOCF.

References