

WHAT HAPPENS TO WOMEN ON TREATMENT FOR OVERACTIVE BLADDER

Hypothesis / aims of study

Patient compliance for antimuscarinic drugs has been assessed in many studies. However most of them were structured clinical trials with scheduled visits. Very few is known about what happens in real life in terms of patients expectations, pre-treatment counselling, information on the cost of the therapy before starting, reasons for abandoning and different ways of assuming the drugs. The aim of this study is to evaluate the drivers of patient compliance in the pharmacological treatment of overactive bladder.

Study design, materials and methods

In this study we included 99 women older than 40 years with overactive bladder symptoms. One third of them had an age between 40 and 55 years, one third between 56 and 65 years and one third over 65 years. They should have had a prescription of Tolterodine or Oxybutynin in the last 3 years and they should have stayed on treatment for at least one entire week. As a selection criteria the first prescriber should be a primary care physician (PCP) in 50% of patients and a specialist in the other 50%. During a face-to-face interview each woman had to answer a questionnaire including: urinary symptoms, perception of the symptoms, adopted remedies, type of consulted doctor (PCP or specialist), pre-treatment instructions and information received by the doctor, treatment compliance and tolerability, treatment efficacy, impression on know-how and training of the prescriber in the field of urinary disturbances, reasons for abandoning the therapy, actual symptoms with perception of severity, persistence on therapy or adopted remedies, other treatments or surgical operations. To have a scale of severity for some of the answers, a 5-point score system was used (5=completely agree; 1= do not agree at all). All the data were then stored into a database and analysed.

Results

Mean age of the first occurrence of urinary symptoms was 56 years. Initial remedies were: frequent voids to avoid full bladder 89%, frequent changes of underwear 86%, toilet mapping 74%, pads and pants 60%, decreased fluid intake 48%. Table 1 shows how long these women waited before seeking medical help and who was the doctor of their first consultation.

Table 1. *Time to the first medical consultation since urinary symptoms occurrence and type of doctor preferred by these women*

Time to first medical consultation since symptoms occurrence	Percentage of women
Up to 3 months	64%
4 - 12 months	24%
> 1 year	12%
Type of doctor at first medical consultation	Percentage of women
Primary Care Physician	65%
Gynaecologist	24%
Urologist	11%

Table 2 shows the instructions and information received by these women.

Table 2. *Instructions and information received by these women on treatment action and/or efficacy, side effects and cost of the drugs including reimbursement details.*

Information received on action/efficacy of the treatment	Percentage of women
It could avoid symptoms worsening	75%
It could improve symptoms	69%
It could restore normal function	54%
It could be the solution to their problems	30%
Information received on side effects	Percentage of women

Mentioned	22%
Not mentioned at all	50%
Do not remember	38%
Information received on treatment cost/reimbursement	Percentage of women
Discussed	71%
Ignored	14%
Do not remember	15%

Opinion on the medical approach at the time of their first consultation were as follows(5-point scale): had the feeling that the doctor did not give importance to my problem 2.30, had the feeling he/she was not trained on urinary problems 2.17.

Table III shows how antimuscarinics were prescribed and how they were taken.

Table III. *Different types of antimuscarinics prescriptions and treatment assumption.*

Possible regimens	Initial treatment prescription	Real treatment assumption
Continuous	54%	28%
Cyclical	41%	58%
When needed	5%	7%

In terms of efficacy 60% of women were cured or greatly improved, 30% moderately improved and 10% slightly improved or unchanged. Twenty-four percent were still on treatment whereas 76% gave up therapy. The reasons for abandoning were: not happy with the drug (lack of efficacy, side effects, costly) 52%, cure or improvement 36%, they do not like drugs in general 12%, suspended to verify efficacy 3%, other 3%.

Interpretation of results

At least one third of women with OAB symptoms seek medical help after few months. PCP is preferred to specialist for first consultation. There is some concern about know-how and training of the first treatment prescriber and information on treatment is sometimes incomplete.

Concluding message

An improvement in the first medical approach in women with OAB might increase patient compliance to pharmacological treatment.

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