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AGENT SELECTION FOR OVERACTIVE BLADDER PATIENTS WITH AND WITHOUT DOCUMENTED COMORBID BENIGN PROSTATIC HYPERPLASIA

Hypothesis / aims of study
We conducted a study to obtain a better understanding of the drugs selected to treat men diagnosed with overactive bladder (OAB) with or without a baseline diagnosis of benign prostatic hyperplasia (BPH).

Study design, materials and methods
We identified newly diagnosed male patients with OAB aged ≥18 years from a medical and pharmacy claims database of >30 geographically diverse managed care plans. Patients were required to be continuously eligible for medical and pharmacy benefits for 1 year before and 1 year after initial diagnosis. Only patients with a diagnosis of BPH in the year before and including the date of their initial OAB diagnosis were classified as having documented baseline BPH. Pharmacy claims during the 12 months after initial OAB diagnosis were used to categorize patients into 1 of 4 treatment categories: OAB agents only (tolterodine extended and immediate release; oxybutynin extended and immediate release), BPH agents only (alfuzosin, doxazosin, dutasteride, finasteride, and tamsulosin), neither, or both.

Results
A total of 16,998 male patients were identified. Mean patients age was 60 years. The most common comorbid condition at baseline was BPH (28% of male patients). The distribution of treatment categories for the 4806 male patients with OAB and baseline BPH was 9% for OAB agents only, 36% for BPH agents only, 8% for both, and 47% for neither. For the 12,192 male OAB patients (72%) without baseline BPH, the distribution was 11% for OAB agents only, 22% for BPH agents only, 6% for both, and 61% for neither. Use of BPH agents was more common than use of OAB agents across all study patients; those with baseline BPH were significantly more likely to be treated with a BPH agent than were those without BPH ($P<0.0001$).

Interpretation of results
Many male patients with OAB are not treated with drug therapy. When drug treatment is initiated in men with OAB, they are more often treated with BPH agents than with OAB agents, even if they do not have documented BPH.

Concluding message
Our data support anecdotal evidence that physicians vary in their practice and may be more likely to use BPH agents than OAB agents as a first-line therapy for OAB symptoms in men, even in absence of diagnosed BPH.

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