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PATIENT-REPORTED REASONS FOR DISCONTINUING OVERACTIVE BLADDER (OAB) MEDICATIONS

Hypothesis / aims of study
The objective of this study was to identify patient-reported reasons for discontinuing overactive bladder (OAB) medications.

Study design, materials and methods
In July 2005, a survey was mailed to US adults who had taken at least one prescription medication for OAB (n=6577). Individuals were identified from a previous survey designed to assess OAB symptom bother in a representative sample of US adults. The survey instrument assessed demographic characteristics, OAB symptoms, OAB treatment expectations, OAB treatment satisfaction, disease-specific quality of life, and reasons for discontinuing OAB medications. Subjects could select up to 14 potential reasons for stopping each medication or write their own reason. To minimize recall bias, respondents were excluded if the OAB medication discontinuation occurred >18 months before the survey.

Results
Of the 5392 subjects who returned complete surveys (82% response rate), 1506 had discontinued at least one OAB medication. A total of 1556 discontinuations were reported (some subjects had discontinued more than one medication) for 5 different drugs: immediate-release (IR) tolterodine, IR oxybutynin, extended-release (ER) tolterodine, ER oxybutynin, and transdermal oxybutynin. The mean age of subjects who discontinued at least one medication was 61.2 (SD=15.8), and most (77.8%) were women. Respondents selected an average of 2.2 (SD=1.5) reasons for quitting each medication. The most frequently reported reason for discontinuing was that the medication “didn’t work as expected” (45.4% of discontinued episodes), followed by “switched to a new medication” (25.4%) and “learned to get by without medication” (20.5%). Other reasons included: “I had side effects” (19.5%), “told to quit by doctor/doctor's staff /pharmacist” (16.3%), “cost/amount of co-pay” (15.7%), “bladder symptoms have stopped/bladder problem is cured” (13.2%), “I don’t like taking medications for too long” (12.0%), “another medical condition/medication required me to stop taking this” (10.5%), “I don’t like taking ANY medications” (10.1%), “change of insurance status” (6.4%), “don't think doctor made the right treatment decision” (5.4%), “switched back to a previous medication” (4.3%), and “advice of family/friend” (1.9%). “Other” reasons were given by 4.0% of subjects. Limiting the recall period for discontinuation to 12 months yielded similar results.

Interpretation of results
Nearly half of patients who discontinued OAB therapy did so because the regimen failed to meet their expectations. One in 4 discontinuations was the result of switching medications, which may have been related to unmet expectations. Substantial percentages of patients chose to cope without OAB medication, experienced side effects, or had more general aversions to medications—especially those requiring long-term administration. These findings suggest that many patients are inadequately educated about realistic treatment objectives and the appropriate role of drug therapy in meeting those goals. Drug cost was a factor in fewer than 1 in 6 discontinued regimens. Further research is needed to study the association between reasons for discontinuation and patient-reported expectations, satisfaction, and quality of life.

Concluding message
Prescribers should be mindful of setting realistic treatment objectives and expectations for patients initiating OAB medications. Ensuring that patients are receptive to drug therapy and proactively discussing potential side effects also may address likely barriers to adherence.

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CLINICAL TRIAL REGISTRATION: This clinical trial has not yet been registered in a public clinical trials registry.
HUMAN SUBJECTS: **This study did not need ethical approval because Western IRB exempted our study but followed the Declaration of Helsinki Informed consent was obtained from the patients.**