

## INITIAL TREATMENT PATTERNS OF INTERSTITIAL CYSTITIS/PAINFUL BLADDER SYNDROME WITHIN THE FIRST 30 OR 365 DAYS AFTER DIAGNOSIS: A LARGE POPULATION-BASED STUDY

### Hypothesis / aims of study

To assess initial treatment patterns of interstitial cystitis/painful bladder syndrome (IC/PBS) within the first 30 days or 365 days after diagnosis in a large nationally-representative study.

### Study design, materials and methods

Retrospective analysis was performed using the Pharmetrics medical and pharmacy claims database (a U.S. longitudinal database of over 55 million people across over 75 health plans). Database yielded 3,758 patients with a diagnosis of IC/PBS (ICD-9-CM of 595.1x for IC) between 1/1/2001-6/30/2004. Patients had to be  $\geq 18$  years of age and continuously enrolled for a minimum of 12 months prior to and 12 months following their index IC/PBS diagnosis date. Patients were excluded if they had a pharmacy claim for pentosan polysulfate sodium (PPS), dimethyl sulfoxide (DMSO), amitriptyline or hydroxyzine in the 12 months prior to their index diagnosis date, or had certain cancers (urethral, bladder, prostate, uterine, cervical, vaginal) at any time during the study. Data on IC/PBS-related prescriptions or procedures performed (treatments) were collected on the first day of therapy within 30 days or 365 days of initial IC/PBS diagnosis.

### Results

Only forty-seven percent of patients ( $n=1,755/3,758$ ) had evidence of a first IC/PBS-related prescription or procedure performed on the first day of therapy within 30-days after their initial IC/PBS diagnosis. Of these patients, the most common IC/PBS-related treatments ( $>5\%$  of patients; not mutually exclusive) included PPS (27.7%), hydrocodone-acetaminophen (17.2%), cystoscopy/bladder hydrodistension (10.3%), bladder irrigation (9.2%), amitriptyline (9.1%), DMSO (7.7%), tolterodine (7.6%), oxybutynin (6.8%), hydroxyzine (6.7%) and oxycodone-acetaminophen (6.2%). Twenty-two percent of these patients (386/1,755) received more than one treatment on the first day of therapy. Sixty-seven percent of patients ( $n=2,514/3,758$ ) had evidence of a first IC/PBS-related prescription or procedure anytime during the 12-month follow-up period. Of these patients, the most common IC/PBS-related treatments included PPS (21.7%), hydrocodone-acetaminophen (19.1%), cystoscopy/bladder hydrodistension (10.5%), bladder irrigation (9.3%), amitriptyline (8.3%), tolterodine (6.9%), oxycodone-acetaminophen (6.8%), oxybutynin (6.4%), DMSO (5.9%) and hydroxyzine (5.6%). Eighteen percent of these patients (461/2,514) received more than one treatment on the first day of therapy.

### Interpretation of results

In the first 30 days following a diagnosis of IC/PBS, over 50% of patients received no IC/PBS-related prescription or procedure and nearly one-third received no IC/PBS-related prescription or procedure within the first year. Multi-modality treatments for IC/PBS were also administered to those treated.

### Concluding message

In this retrospective analysis, a relatively large portion of patients in the first 30 days and within one year of IC/PBS diagnosis did not receive disease specific treatment. This finding deserves further investigation.

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**HUMAN SUBJECTS:** This study was approved by the New England IRB (#06-036) and followed the Declaration of Helsinki Informed consent was obtained from the patients.