

PERSISTENCE PATTERNS WITH ORAL ANTIMUSCARINICS USED FOR THE TREATMENT OF OVERACTIVE BLADDER IN UK GENERAL PRACTICE: A RETROSPECTIVE ANALYSIS BY AGE

Hypothesis / aims of study

Overactive bladder (OAB) is highly prevalent in the elderly, and their experience of incontinence is often more severe than in younger patients [1]. Antimuscarinics are the standard first-line pharmacological treatment for OAB, but in clinical practice, persistence with therapy often presents a challenge.

Study design, materials and methods

Prescriptions for oral antimuscarinics were analyzed retrospectively over a 12-month period from November 2007 to November 2008, using a longitudinal UK database of GP prescriptions. Patients who had not received an antimuscarinic within the previous 6 months were reviewed. Persistence with prescribed therapy was assessed until continuous treatment was stopped (i.e. patients did not refill their prescription over an interval > 1.5 times the duration of the previous prescription).

Results

Patients aged ≥ 60 years were more likely than younger patients to persist with therapy for 12 months (Table). The highest persistence was seen with solifenacin 10 mg (56.6% in patients aged 70–79 years). In the same age group, the lowest persistence was with oxybutynin IR at 22.3%, although patient numbers varied between treatment groups. The lowest persistence rate with solifenacin 10 mg (32.6%, patients aged 40–49 years) was similar to the highest persistence rates with other antimuscarinics (range: 27.1–36.3%).

Interpretation of results

Persistence was relatively low for most antimuscarinics at 12 months, but patients receiving solifenacin 10 mg were more likely to remain on treatment than those receiving other antimuscarinics. Patients aged ≥ 60 years were more likely to remain on long-term therapy than younger patients.

Concluding message

Larger studies could be conducted to elucidate why elderly patients are more likely to persist with therapy, and why patients are more likely to continue taking solifenacin 10 mg than other antimuscarinics. This might help us understand how to support patients better and improve persistence with therapy.

Treatment			Age group (years)				
			40–49	50–59	60–69	70–79	≥ 80
Oxybutynin (n = 448)	ER	Total patients treated	58	70	118	97	105
		Percentage on therapy at 12 months	22.4%	22.9%	24.6%	26.8%	27.6%
Oxybutynin (n = 1094)	IR	Total patients treated	124	171	210	287	302
		Percentage on therapy at 12 months	16.1%	21.6%	27.1%	22.3%	24.2%
Solifenacin (n = 1139)	5 mg	Total patients treated	143	199	259	313	225
		Percentage on therapy at 12 months	21.7%	25.1%	32.0%	31.3%	25.3%
Solifenacin (n = 306)	10 mg	Total patients treated	46	59	74	76	51
		Percentage on therapy at 12 months	32.6%	37.3%	45.9%	56.6%	43.1%
Tolterodine (n = 1603)	ER	Total patients treated	211	271	375	400	346
		Percentage on therapy at 12 months	19.0%	26.2%	28.5%	34.8%	32.1%
Tolterodine (n = 430)	IR	Total patients treated	52	65	77	113	123
		Percentage on therapy at 12 months	13.5%	24.6%	15.6%	36.3%	27.6%
Trospium (n = 323)		Total patients treated	26	63	63	97	74
		Percentage on therapy at 12 months	15.4%	27.0%	31.7%	23.7%	29.7%

Only oral antimuscarinics with > 100 patients were included in the analysis. Oxybutynin data are for generic prescriptions. Data for solifenacin 10 mg do not include patients who started on 5 mg and whose dose was subsequently increased to 10 mg. IR = immediate release; ER = extended release.

References

1. J Public Health Med 2000;22:427–34.

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Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	No
This study did not require ethics committee approval because	This was a retrospective review of data requiring no handling of identifiable data nor any subject related intervention
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	No