Comparison of overactive bladder patients who switch between antimuscarinic therapies with those who persist on the same therapy in the absence of improved outcomes: results of a cross-sectional study in 4 European countries

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HYPOTHESIS/AIMS
- Antimuscarinic (AM) drug therapies are frequently prescribed for the management of overactive bladder (OAB) symptoms in women and men. Although in most patients these are efficacious, differences in their pharmacodynamic properties result in important differences in the side-effect profile of the individual drugs [1]. While many patients switch between AMs and record improved outcomes, a significant proportion persist on the same drug even though they are not satisfied with the outcome.
- The aim of this study was to identify differences between these two groups of patients which may help to account for their behaviour.

METHODS
- Primary care physicians and urology specialists in France, Germany, Spain and the UK, who were actively managing and/or making treatment decisions for OAB patients, were asked to complete patient record forms (PRFs) prospectively for their next 10 consulting OAB patients (male or female, aged 18 years or over). In addition, the same patients were asked by their physician to fill in self-completion questionnaires (PSCs) to assess their treatment experiences.
- The PSC included a number of validated outcomes tools such as OAB-q. Patients were also asked to indicate how satisfied they were with their current prescribed therapy (on a 5-point scale ranging from ‘very dissatisfied’ to ‘very satisfied’), the severity of their OAB condition now and at initiation of therapy, how their OAB condition had changed in the past 3 months (on a 7-point scale ranging from ‘very much worse’ to ‘very much better’), and how their OAB therapy had changed their daily life (on a 5-point scale ranging from ‘not at all’ to ‘a lot’).
- On the PRF, physicians recorded detailed information for each patient including current/current prescribed OAB therapies, duration of therapy, number of OAB-related consultations with healthcare professionals (HCPs) in the past 12 months, tests employed to diagnose/monitor the OAB condition, and hospitalisation history.
- The study was conducted between September 2010 and January 2011. The full methodology, including limitations, has been outlined previously [2].
- A standard significance test (t test, p<0.05) was used to compare those patients who were not satisfied with their current AM therapy but had not switched in the previous 12 months with those who had switched. Regression analyses were run to control for physician-perceived severity of the patient’s condition.

RESULTS
- A total of 519 physicians (199 primary care physicians and 320 specialists) recruited 2340 patients who completed a valid PSC of whom 2061 were receiving a prescribed therapy (female 78%, male 22%) and so could be included in the analysis.
- A total of 1399 patients (68%) reported that they were satisfied with their AM therapy. Of the 662 patients who were not satisfied with their AM therapy, 250 (38%) had not switched in the past 12 months. Of these, 183 were on their first OAB therapy. The mean time on therapy was 23.1 months.
- A total of 338 patients (51% of those who were not satisfied) had switched in the past 12 months and the 250 who were not satisfied with their current AM but had not switched.
- Table 1 shows demographics for the 338 patients who had switched in the past 12 months and the 250 who were not satisfied with their current AM but had not switched.

Table 1: Patient demographics

<table>
<thead>
<tr>
<th></th>
<th>Switch patients (n=338)</th>
<th>No switch + not satisfied (n=250)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>63.2</td>
<td>63.7</td>
</tr>
<tr>
<td>Gender (% female)</td>
<td>82%</td>
<td>71%</td>
</tr>
<tr>
<td>BMI score</td>
<td>26.4</td>
<td>26.6</td>
</tr>
<tr>
<td>Current severity (0-4 scale)</td>
<td>2.63</td>
<td>2.81</td>
</tr>
<tr>
<td>Physician-rated</td>
<td>2.74</td>
<td>2.95</td>
</tr>
</tbody>
</table>

- Patient profiles were similar, except for gender where a higher proportion of switch patients were female (p=0.001) and current severity which was higher for patients who had not switched as perceived by both the physician (p=0.01) and patients themselves (p=0.001). Regardless of whether patients had switched or not, there was close agreement between physicians and patients on the severity of the condition.
- Patients are likely to switch due to issues with their medication. In the 338 patients who switched, key reasons recorded included lack of efficacy only (31%), side effects only (31%) and both lack of efficacy and side effects (30%).
- Compared with the 338 switch patients, the 250 patients who had not switched were not satisfied consulted less frequently with healthcare professionals in the previous 12 months. In the case of urologists (2.0 vs 1.7 consultations), uro-gynaecologists (1.8 vs 0.8) and incontinence nurses (2.2 vs 1.2), differences were significant (p<0.05) – Figure 1.

Figure 1: Number of consultations with healthcare professionals in previous 12 months (physician-reported)

- Patients who had not switched had undergone fewer tests than those who had switched. Significant differences (p<0.05) were observed for urinalysis (71% vs 84%), abdominal examination (72% vs 80%), genital/perineal examination (71% vs 79%), post voiding residue (PVR) (46% vs 59%), bladder/voiding diary (33% vs 53%) and urolurometry (30% vs 41%) – Figure 2.

Figure 2: Tests conducted to confirm diagnosis (physician-reported)

- Switch patients were also more likely to indicate taking other approaches to help their condition including reducing fluid intake (28% vs 18%) and avoiding certain foods/alcohol (43% vs 30%) and they were more likely to want to continue with their current therapy (65% vs 28%) (in all cases p<0.05).
- Patients who switched also reported a better quality of life (measured by OAB-q) although the difference was not statistically significant after allowing for current severity.

CONCLUSIONS
- This study demonstrates that switching between antimuscarinic therapies in patients who are not satisfied with current therapy can be associated with better eventual patient outcomes.

DISCUSSION
- Patients who have switched antimuscarinic therapy in the past 12 months are more likely to consult more often with HCPs, more likely to have been tested more thoroughly, more likely to be better motivated and more likely to have seen an improvement in their condition. Similar findings have been observed in COPD.

ACKNOWLEDGMENTS/REFERENCES
1. Wiedemann A, Schwantes P. Antimuscarinic drugs for the treatment of overactive bladder: are they really all the same? – A comparative review of data pertaining to pharmacological and physiological aspects. EuroUrol. 2007;Vol 9 SUPPL 1

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