



ORIGINAL ARTICLE

Persistence and concomitant medication in patients with overactive bladder treated with antimuscarinic agents in primary care. An observational baseline study[☆]



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Received 3 July 2015; accepted 11 September 2015

Available online 6 February 2016

KEYWORDS

Overactive bladder;
Persistence;
Concomitant
medication;
Antimuscarinic agents

Abstract

Objective: To assess therapeutic persistence and its relationship with concomitant medication in patients treated with fesoterodine versus tolterodine and solifenacin for overactive bladder (OAB) in standard clinical practice conditions.

Material and methods: An observational, multicentre retrospective study was performed based on medical registries of patients followed-up in primary care (PC). Three study groups were analyzed. Persistence was defined as the time (in months) without withdrawing from the initial therapy or without changing to another medication for at least 30 days after the initial prescription. The concomitant medications were antidepressants, anxiolytic/hypnotic agents, antibiotics, antiseptic agents, laxatives and skin products. We employed the SPSSWIN program version 17 (statistical significance, $p < .05$).

Results: We selected 3094 patients for the study. The median age was 54.0 years and 62.2% were women. The patients treated with fesoterodine shown greater treatment persistence (12 months) when compared with those who took solifenacin and tolterodine (40.2% vs. 34.7% and 33.6%, respectively; $p = .008$). They also showed a lower use of concomitant medication (1.1 vs. 1.2 and 1.2 drugs, respectively; percentages: 61.6% vs. 67.1% and 70.1%, respectively; $p < .03$).

[☆] Please cite this article as: Sicras-Mainar A, Navarro-Artieda R, Ruiz-Torrejón A, Sáez-Zafra M, Coll-de Tuero G. Persistencia y medicación concomitante en pacientes con vejiga hiperactiva tratados con antimuscarínicos en atención primaria: estudio de base observacional. Actas Urol Esp. 2016;40:96–101.

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PALABRAS CLAVE

Vejiga hiperactiva;
Persistencia;
Medicación
concomitante;
Antimuscarínicos

Conclusions: The patients undergoing OAB treatment with fesoterodine, when compared with those taking solifenacin and tolterodine, were associated with greater treatment persistence and a reduced use of concomitant medication.

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Persistencia y medicación concomitante en pacientes con vejiga hiperactiva tratados con antimuscarínicos en atención primaria: estudio de base observacional

Resumen

Objetivo: Evaluar la persistencia terapéutica y su relación con la medicación concomitante en pacientes tratados con fesoterodina frente a tolterodina y solifenacina para el tratamiento de la vejiga hiperactiva en condiciones de práctica médica habitual.

Material y métodos: Se efectuó un diseño observacional, multicéntrico, retrospectivo, realizado a partir de registros médicos de pacientes seguidos en atención primaria. Se analizaron los 3 grupos de estudio. La persistencia se definió como el tiempo (meses), sin abandono del tratamiento inicial o sin cambio a otra medicación al menos 30 días después de la prescripción inicial. La medicación concomitante fue: antidepresivos, ansiolíticos/hipnóticos, antibióticos, antisépticos, laxantes y productos-dermatológicos. Se utilizó el programa SPSSWIN versión 17 (significación estadística: $p < 0,05$).

Resultados: Se seleccionaron para el estudio 3.094 pacientes. La media de edad fue de 54,0 años y el 62,2% fueron mujeres. Los pacientes tratados con fesoterodina mostraron mayor persistencia al tratamiento (12 meses) en comparación con solifenacina y tolterodina (40,2% frente al 34,7% y 33,6%; $p = 0,008$), respectivamente. Además, también mostraron un menor uso de medicación concomitante (1,1 frente a 1,2 y 1,2 fármacos; porcentajes: 61,6% frente a 67,1% y 70,1%; $p < 0,03$).

Conclusiones: Los pacientes en tratamiento con fesoterodina frente a solifenacina y tolterodina para la vejiga hiperactiva se asociaron a una mayor persistencia al tratamiento, con una reducción de la medicación concomitante.

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Introduction

Overactive bladder (OAB) is defined as a syndrome characterized by presenting symptoms of urgency, with or without urge incontinence, and usually accompanied by daytime frequency and nocturia.¹ The prevalence in adults varies between 10 and 20%, increases with age, and it is more common in older men.² The pharmacological treatment of OAB aims at inhibiting involuntary contractions of the detrusor muscle of the bladder, and it is based primarily on blocking these receptors with antimuscarinic or anticholinergic drugs.³ Some evidence shows that treatment of OAB can be associated with a lack of therapeutic adherence, affecting in a lower clinical effectiveness, and causing an increase in the use of health resources.⁴

The available studies concerning the comparison of antimuscarinics for the treatment of OAB on therapeutic persistence are limited, with significant variability among viewed articles,⁵⁻⁷ so the realization of this study can be relevant. Furthermore, there is a growing need to conduct representative studies of the real clinical conditions in which medicines are used. The aim of the study was to evaluate the therapeutic persistence and its relationship with concomitant medication in patients treated with fesoterodine versus tolterodine and solifenacin (antimuscarinics) for the treatment of OAB in routine medical practice.

Material and methods

An observational, multicenter, retrospective study was carried out, from the review of medical records (computerized medical records) of patients followed in primary care (PC). The study population consisted of patients from 2 autonomous regions (Catalonia and Balearic Islands) and belonging to 3 locations (Badalona [Barcelona], Girona and Mallorca, respectively). The 31 PC centers were selected based on their acceptance and quality of records.

Patients that started treatment with antimuscarinics were included in the study (fesoterodine, solifenacin, and tolterodine) between January 1, 2008 and March 31, 2013 (recruitment) and who met the following inclusion criteria: (a) age 20–64; (b) that follow-up of patients could be ensured (regardless of the discontinuation of the medication); (c) being in the program of prescriptions for obtaining them with proven register of the dose, the interval, and duration of treatment; (d) without previous exposure to these drugs in the preceding 12 months of the index date; and (e) subjects diagnosed with OAB to justify antimuscarinic therapy after failure of hygienic-dietary measures. The following subjects were excluded: (a) those transferred or moved to other centers; and (b) those simultaneously treated with 2 or more antimuscarinics. The follow-up of patients, from the date of start of treatment, was one year.

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