

Health-Related Consequences of and Treatment Strategies for Overactive Bladder

Overactive bladder (OAB) is a highly prevalent condition. While not life-threatening, it is a distressing condition that causes significant morbidity within society and has a profound negative impact on patients' quality of life. The discomfort, embarrassment and loss of self-confidence often associated with the condition impacts on social, psychological, occupational, domestic, physical and sexual aspects of OAB sufferers' lives. Loss of urinary control is also associated with an increased risk of urinary tract infections (UTIs), falls and fractures.

Treatment for OAB is often assessed in terms of efficacy and safety; however, these objective measures fail to account for the patient's perception of their condition. It is generally accepted that medical intervention should not only provide therapeutic efficacy but also improve a patient's quality of life. Consequently, health outcomes have become increasingly important when evaluating the effect of OAB treatment.

Antimuscarinic medications are the cornerstone of treatment for OAB. Unfortunately, the poor tolerability profiles of some antimuscarinic therapies limit their utility. Many patients prematurely withdraw from treatment due to the occurrence of adverse events. However, tolterodine, the first drug specifically developed for the treatment of OAB, is a potent and competitive muscarinic receptor antagonist that exhibits bladder selectivity in vivo and is as effective but better tolerated than other agents.

This supplement to *The American Journal of Managed Care* examines both

the health-related consequences of OAB and the short- and long-term impact of tolterodine on the health-related quality of life (HRQoL) of patients with OAB.

The article by Wagner and colleagues is the first study to evaluate health-related consequences associated with OAB. These consequences were assessed from data obtained from a large US telephone survey under the National Overactive BLadder Evaluation (NOBLE) Program. The results reveal that people with OAB self-report significantly more visits to a physician, experience significantly more urinary tract infections (UTIs), and are more likely to be injured in a fall, than people without OAB. The estimated costs associated with UTIs and falls (with and without broken bones) attributed to OAB were significant. Moreover, these health-related consequences associated with OAB are likely to have a detrimental impact on patients' well-being and quality of life.

The short- and long-term impact, respectively, of OAB therapy on HRQoL was examined in the two papers by Kelleher and colleagues. After 12 weeks of treatment in a multinational, placebo-controlled, randomized, double-blind study, tolterodine extended release (ER) 4 mg once-daily achieved statistically significant improvements in many aspects of HRQoL (in particular the domains of Incontinence Impact and Role Limitations), as measured by the King's Health Questionnaire (KHQ) compared with placebo. Moreover, these improvements were consistent with reductions in symptom severity, improvement in blad-

der condition and other efficacy outcomes. In an open-label continuation of this trial, improvements in HRQoL observed after the initial 12-week period were maintained during long-term therapy with tolterodine ER. Of particular interest was the improvement in the psychological quality of life domains (emotions, personal relationships, and social limitations) during prolonged treatment, something that was

not observed during the original 12-week trial. These improvements likely reflect the 'unlearning' of the coping strategies used to adapt to OAB symptoms.

Together, these 3 articles highlight the beneficial effect of tolterodine ER on the HRQoL of patients with OAB, and provide useful information to physicians and managed care organizations regarding the health-related consequences of OAB.