

Unmet expectations and smoking prove key factors in quitting bladder medication

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Nine out of ten patients who discontinued their overactive bladder (OAB) medication said it was because it didn't work as expected or they couldn't tolerate it, according to research in the May issue of the urology journal *BJUI*.

US researchers also discovered that smokers, men with enlarged prostates and people with bladder infections are also significantly more likely to stop taking [prescription drugs](#) for bladder problems.

The team surveyed 6,577 adults who said in a National Family Opinion survey that they had been prescribed medication for OAB in the last 12 months and 82% responded.

They found that patients who had abandoned their medication were much more likely to be bothered by OAB symptoms than those who had persisted and more likely to have had a diagnosis for a condition such as OAB or incontinence.

A quarter of the 5,392 who responded had discontinued one or more of their OAB drugs in the last year, with the majority giving multiple reasons. Just under half (46%) said the medication didn't work as expected, 23% learnt to get by without medication and 21% reported side effects. Other reasons included cost, change of [insurance status](#), not wanting to use medication, advice from healthcare professionals and health improvements. A quarter said they had switched to a new medication.

"Encouraging people with long-term [health conditions](#) to persist with medication is common and problematic" says Professor Linda Brubaker from Loyola University, Chicago, who co-authored the paper with urology colleagues from across the USA.

"Recent database studies suggest that the number of OAB patients who stop taking their medication is much higher than clinical trials would suggest.

"It is important to identify why people stop taking their medication as persistence with medication is generally associated with positive [health outcomes](#) and reductions in healthcare resource use and costs."

Key findings of the study included:

- Bothering OAB symptoms were reported more frequently by patients who had discontinued their medication: 10% more were "quite a bit more" bothered about needing to urinate at night, 13% more with urgency, 9% more with incontinence and 11% more with frequency.
- More patients in the discontinued medication group had a medical diagnosis of OAB (10% more than the group who persisted), incontinence (8% more), bladder infection (6% more) and urinary retention (4% more).
- There were no statistically significant differences in sex, age or race, household income, health insurance and prescription insurance between the two groups and relatively minor differences when it came to beliefs about OAB, including what was normal and how it could be treated.

- A third of the people who had discontinued gave one reason for stopping, a third gave two reasons and a third gave three reasons.

A second paper in the May issue of *BJUI* focuses on the results of a six-month follow-up on the patients who were still taking their medication at the time of the above study, based on an 84% response rate.

This showed that 66% were still taking their medication, 18% had discontinued and 17% had switched medication in the intervening six months.

Researchers found that a number of factors increased the chances of patients discontinuing their OAB medication, including:

- Being a current smoker (up 80%)
- Having an enlarged prostate (up 74%) or a bladder infection (up 54%).
- Believing that bladder medication caused severe side effects (up 111%) or not knowing whether it did or not (up 76%).
- Being bothered "quite a bit more" by a sudden urge to urinate with little or no warning (up 54%).

However, being on multiple prescriptions or having had an episode of incontinence in the last week increased the odds of compliance.

"To our knowledge this is the first study to ask patients why they discontinued their OAB medication" says Professor Brubaker. "We believe that our findings point to the need for healthcare providers to foster realistic expectations about how effective OAB treatment will be

and about any side effects.

"We also believe that healthcare providers should discuss lifestyle changes, such as smoking cessation, urgency control strategies and pelvic floor muscle training with OAB patients. Research has shown that providing behavioural advice as well as drugs to patients with OAB can improve both symptoms and satisfaction with treatment."

More information: Paper 1) Patient-reported reasons for discontinuing overactive bladder medication. Benner et al. BJUI.105, pp 1276-1282. (May 2010). [DOI: 10.1111/j.1464-410X.2009.09036.x](https://doi.org/10.1111/j.1464-410X.2009.09036.x)

Paper 2) Predictors of discontinuing overactive bladder medications. Brubaker et al. BJUI. 105, 1283-1290. (May 2010). [DOI: 10.1111/j.1464-410X.2009.09035.x](https://doi.org/10.1111/j.1464-410X.2009.09035.x)

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