INTRODUCTION: A retrospective analysis was conducted using medical claims from approximately 30 health plans during the period of July, 2002 through February, 2004. To be included in the analysis, patients were required to be ≥65 years old, have ≥2 EPO or DARB claims, have a CKD diagnosis and not be on dialysis, have no prior cancer diagnosis, and be newly treated with either agent. 2003 wholesale acquisition costs (WAC) were used to calculate drug costs. RESULTS: 149 EPO and 35 DARB patients met the inclusion criteria. More males were in the EPO group (54.4% vs. 34.3%, p=0.03). Age was similar between the groups (mean years: EPO 74.4 ± 5.3; DARB 74.4 ± 5.6, p=0.96), as was average therapy duration (days: EPO 86.7 ± 86.5; DARB 81.2 ± 78.8, p=0.73). Weekly and extended (≥Q2W) dosing regimens were found in both groups (EPO—QW: 40.3%, Q2W: 40.3%, ≥Q3W: 19.5%; DARB—QW: 14.3%, Q2W: 54.3%, ≥Q3W: 31.4%). The average time interval between drug administrations was 13.4 ± 6.9 days for the EPO group and 15.6 ± 5.4 days for the DARB group. The average weighted weekly dose was 11,121 ± 10,773 Units for EPO and 46.0 ± 29.9 mcg for DARB, corresponding to an average weekly drug cost of $124 for EPO and $184 for DARB. CONCLUSION: Extended dosing (≥Q2W) of EPO and DARB was identified in a majority of elderly anemic CKD patients not on dialysis, with lower drug acquisition costs observed in the EPO group compared to the DARB group.

PREVALENCE, DEMOGRAPHICS, AND PHARMACOLOGICAL TREATMENT PATTERNS OF OVERACTIVE BLADDER IN A MANAGED CARE POPULATION

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INTRODUCTION: This was a retrospective database study to identify prescription treatment patterns for OAB in a managed care population. METHODS: The two-year intake period was January 1, 2001 to December 31, 2002. Members with ≥1 diagnosis code for OAB in medical claims and/or ≥1 prescription claim for an OAB drug were included. All claims were collected 1 year pre- and ≥1 year post-index. RESULTS: A study cohort of 19,486 OAB patients was identified, representing a 2% prevalence rate. The population was predominantly female (66%); mean age was 56 years. Most (86%) were new OAB cases. Long-acting OAB antimuscarinic medications were most frequently prescribed. Among new OAB patients, 30% had ≥1 OAB-related prescription claim(s) during follow-up. Only 9% of new OAB patients were initiated on OAB therapy after index date; mean time to initiation was 137 days (median 50 days). Most new OAB patients (96%) discontinued all OAB medication; mean time to discontinue was approximately two-months (median one-month). Few patients were continuously on OAB therapy (4%), switched, or added on a drug other than the initial OAB drug (15%). CONCLUSIONS: There appears to be lack of pharmacological intervention in OAB patients. Overall, patients were slow to initiate treatment, remained on drug therapy briefly, and most discontinued treatment. This may reflect intolerance of OAB pharmacological options and/or lack of efficacy, non-pharmacological management, a perception among patients and/or physicians that OAB symptoms have little impact on quality of life, or OAB patients may wait until symptoms become severe before requesting treatment.

EVALUATION OF THE RELIABILITY AND VALIDITY OF THE INCONTINENCE QUALITY OF LIFE QUESTIONNAIRE (I-QOL) IN PATIENTS WITH DETRUSOR HYPERREFLEXIA

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OBJECTIVES: The Incontinence Quality of Life Questionnaire (I-QOL) is a 22-item questionnaire used in patients with urinary incontinence. Validity of the I-QOL has been demonstrated in stress incontinence patients. The purpose of this study is to assess I-QOL in patients with detrusor hyperreflexia. METHODS: Data were from a multicenter, double-blind, randomized, placebo-controlled, parallel group study of two Botox doses. The I-QOL was scored according to the developer’s guidelines which provide total score and three domain scores: avoidance and limiting behavior (ALB), psychosocial impact (PS), social embarrassment (SE). Validity and reliability were assessed by item to scale correlations, similarity of means and variance, reliability (Cronbach’s alpha), floor and ceiling effects, and correlations with clinical measures. Responsiveness was assessed by evaluation of I-QOL scores for all groups. RESULTS: The majority of patients (n=56) were Caucasian (93%) and male (59%). All but four items of the 22 I-QOL items were more highly correlated with their hypothesized scale than with competing scales; however range in means was somewhat larger. Cronbach’s alpha ranged from 0.79 to 0.89 for domains and 0.93 for the total. There was no significant floor or ceiling effect. Moderate correlations (0.18 to 0.37) existed between I-QOL scores and clinical measures (e.g., number of involuntary losses of urine, and urodynamic parameters). CONCLUSIONS: The validity of the I-QOL in this neurogenic bladder population is supported. The ALB domain was not as consistent since there was a mix of detrusor hyperreflexia patients in this study and one question may not be as relevant for some patients. Additional study in larger samples is warranted.

ESTABLISHING THE CONTENT VALIDITY OF THE URINARY SENSATION SCALE (USS)

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OBJECTIVES: Overactive bladder (OAB) is characterized by symptoms of urinary urgency, with or without incontinence, urinary frequency, and nocturia. Because urinary urgency is a hallmark symptom of OAB, it is necessary to accurately assess its impact on patients. To this end, we assessed the content validity of the newly developed Urinary Sensation Scale (USS) for