OBJECTIVES: We assessed changes in health-related quality of life (HRQoL), resource utilization, work and activity impairment, and health utility among elderly OAB subjects receiving 12 weeks of solifenacin succinate (SOL) therapy, after switching from tolterodine tartrate extended-release (TOL) due to residual urgency episodes. METHODS: This was a prospective, multicenter, open-label US study assessing the efficacy and safety of SOL in treating OAB. Subjects ≥18 years, who had switched from TOL to SOL due to residual urgency episodes (≥24 hours), with or without urge incontinence, usually with frequency and nocturia, were enrolled. This analysis focused on two elderly cohorts (65 to 74, and >75 years old). Outcomes were measured using the Overactive Bladder Questionnaire (OABq), Work Productivity Assessment Index (WPAI), Medical Care Use Index (MCUI), and the Health Utilities Index (HUI), administered at Pre-Washout (Visit 2) and Post-Washout Week 12 (Visit 7). RESULTS: 103 subjects aged 65 to 74 years and 83 subjects >75 years met analysis criteria. Subjects in both age groups experienced significant improvement in the OABq symptom bother scale, all four HRQoL subscales (concern, coping, social interaction, sleep) and total HRQoL score. A significant reduction in physician office visits was observed in both age groups on the MCUI, and the 65 to 74 year old age group used significantly fewer pads and diapers. Activity impairment assessed using the WPAI was also significantly reduced in both groups. Although few subjects were working, those in the 65 to 74 year old group who were working were significantly less impaired by OAB at work. There were no significant differences in HUI scores in either age group. CONCLUSION: Overall, SOL improved symptom bother, HRQoL, work productivity, the ability to participate in activities, and reduced medical care use in elderly subjects with OAB.

POSTER SESSION II

ALLERGY/ASTHMA—Clinical Outcomes Studies

PAA1

RELATIONSHIP BETWEEN MEASURES OF ASTHMA CONTROL AND COMBINATION THERAPY TREATMENT REGIMENS IN SEVERE OR DIFFICULT-TO-TREAT ASTHMA

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OBJECTIVES: Current guidelines recommend inhaled corticosteroids (ICS) as first-line therapy in persistent asthma and the addition of long-acting β-agonists (LABAs) in patients with moderate-to-severe disease. Our study objective was to assess the response of high-dose salmeterol/fluticasone combination (SFC) and low-dose SFC compared to a control group using a vast array of asthma-related health outcomes in a large cohort of patients with severe or difficult-to-treat asthma. METHODS: