PUK2

TREATMENT PERSISTENCE OF OXYBUTYNIN XL AND TOLTERODINE IR IN A REAL-WORLD CLINICAL PRACTICE SETTING: DATA FROM THE UNITED KINGDOM

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OBJECTIVES: To compare the median duration of treatment persistence for patients with overactive bladder initiated on oxybutynin XL or tolterodine IR, as well as the rate of change in treatment between the two regimens. **METHODS:** We applied the real-world longitudinal data (1995–2002) from IMS Mediplus UK to identify all patients newly diagnosed with overactive bladder and initiated to therapy with oxybutynin XL or tolterodine IR. Due to the later entrance of oxybutynin XL, we randomly selected from the pool of tolterodine IR patients to match the distribution of study-start dates for the oxybutynin XL group. Time to first modification in treatment was the primary endpoint and assessed using a Cox proportional hazard model. The rate of change in treatment was the secondary endpoint and evaluated using a c2 test for significant difference in the rate. **RESULTS:** We identified 147 patients new to therapy and initiated on oxybutynin XL. A total of 113 patients were randomly selected from the tolterodine IR group to match the distribution of study-start dates from the oxybutynin XL group. Patient demographics were comparable between both study groups. The average daily doses were 10.0 mg/day for oxybutynin XL and 4.6 mg/day for tolterodine IR. The median Kaplan-Meier estimates were 56 and 39 days for oxybutynin XL and tolterodine IR, respectively ($p = 0.03$). The rates of change in treatment were 7.5% for oxybutynin XL compared to 28.3% for tolterodine IR ($p < 0.01$). Among the switchers in the tolterodine IR group, 68.8% switched to extended release formulations of which 45.5% to oxybutynin XL. **CONCLUSIONS:** Oxybutynin XL improved treatment persistence and required fewer changes when used as first line therapy. These results demonstrate that the therapeutic advantage found in a randomized clinical trial is reflected in the UK real-world clinical practice setting.

PUK3

TREATMENTS RECEIVED FOR STRESS URINARY INCONTINENCE (SUI) SYMPTOMS BY PATIENTS SEEKING HELP WITHIN A UK PRIMARY CARE SETTING

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OBJECTIVE: Few studies have described the treatment received by patients with SUI symptoms although this is a condition associated with substantial levels of unmet need. In the UK, Governmental guidance such as "Good Practice in Continence Services" (DOH 2000) has identified geographical variations in continence services as a problem. Access to specialist services such as pelvic floor exercise training (for the treatment of SUI) and the availability of continence nurses and physiotherapists are recognised as important. This study aims to identify the pattern of treatment and service provision for women with SUI symptoms seeking help in a primary care setting. **METHODS:** This cross-sectional, descriptive health outcomes study targeted all women aged 18 years and over seeking care at 17 large primary care clinics throughout the UK. Of 5,447 women approached, 2,400 (44%) agreed to complete a questionnaire while waiting to be seen by their care providers. The survey contained self-report measures of symptom severity, help-seeking, and care received during the preceding 12 months. Data for women having SUI symptoms only are reported here. **RESULTS:** Fifty-two of the responders reported that they had SUI symptoms for which they had sought treatment within primary care in the last year. Sixty-seven percent of those seeking care were provided reassurance about their symptoms; 10% were given dietary advice; 5% were referred to a continence nurse and 12% to physiotherapy; 13% were referred to outpatient clinics, of whom 57% received surgery. **CONCLUSIONS:** Most pelvic floor exercise training in the UK is provided by continence nurses or physiotherapists. The other main treatment option (other than lifestyle advice) is surgical treatment, which a patient can only access after attending outpatients following GP referral. Only a relatively small percentage of patients with SUI symptoms in this study were accessing these treatment options.

PUK4

TREATMENT OF URINARY INCONTINENCE IN DAILY PRACTICE DOES NOT COMPLY WITH THE GUIDELINES

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OBJECTIVES: To describe the treatment of urinary incontinence in relation to the guidelines in non-institutionalized women aged 40 years and older. **METHODS:** The source population for this cohort study included all women aged 40 years and older in the Integrated Primary Care Information (IPCI) and PHARMO databases. Patients were included in the urinary incontinence study cohort if they were newly diagnosed with or treated for urinary incontinence during the study period. We classified the type of urinary incontinence and determined the treatment course during the first year. Treatment included six categories: an absorbent product; a bladder relaxant