INTRODUCTION

- Overactive bladder (OAB) is a condition that is highly prevalent in the community and generates significant healthcare burden.
- Patients with OAB tend to be older, with various comorbidities such as cardiovascular disease, arthritis, depression, and chronic obstructive pulmonary disorder.
- Anticholinergic drugs (AChDs) are an established therapy for treating symptoms of OAB, however, they are known to have a poor tolerability profile.
- Fifty per cent of patients discontinue an ACHD within six months of treatment.
- Treatment activity and cost burden were analysed. Calculations were based on Healthcare Resource Groupings (HRGs) and the availability of OAB treatments over the course of the study period.

RESULTS

- Overall, the number of patients identified was 13,117, with 34% (4,414) receiving a second ACHD and 12% (1,555) receiving more than three ACHDs during follow-up.
- There was a significant increase in hospitalisations across all settings between the first and third ACHD, from 56.0 to 78.8 interactions per 100 population.
- Hospitalisations increased with each incremental ACHD switch by 87%, 389%, and 643% for inpatient admissions, outpatient appointments, and A&E/ED attendances, respectively.

LIMITATIONS

- No adjustment was made for confounding factors; eg, differences in the availability of OAB treatments over the course of the study period.
- People progressing to >3 ACHDs may have more severe or complicated disease and progression may not be due to inadequate management.

CONCLUSIONS

- People with OAB who are inadequately managed with their first ACHD and require one or more switches contribute to increased hospitalisations, with a significant increase in those aged 60 years and older.
- Significant increases in resource utilisation between the first and third ACHD switch; an increase of 114% and 64%, respectively, from first to third ACHD.

REFERENCES


DISCLOSURES

- This study and its analysis were sponsored by Allergan Holdings Ltd. Writing communications, and was funded by Allergan Holdings Ltd. At the time of study completion, all ACHD-refractory OAB patients were followed from their first ACHD prescription date during the study period.

Table 1. Total Hospitalisations and Costs: Summary

<table>
<thead>
<tr>
<th>ACHD</th>
<th>Total hospitalisations</th>
<th>A&amp;E/ED</th>
<th>Outpatient</th>
<th>Inpatient</th>
<th>Costsa (inpatient, all causes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>45.4 (±1.4)</td>
<td>41.0 (±3.3)</td>
<td>51.4 (±3.7)</td>
<td>75.0 (±4.2)</td>
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</tbody>
</table>
| 2    | 54.4 (±1.8)          | 50.4 (±3.4) | 55.8 (±7.7) | 21.4 (41%)
| 3+   | 56.0 (±2.1)          | 56.0 (±2.2) | 58.2 (±5.3) | 22.8 (41%)

Figure 2. Cost (GBP) by morbidity and other Hospitalisation Causes

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