

URINARY INCONTINENCE

Behavioral intervention enhances pharmacological therapy

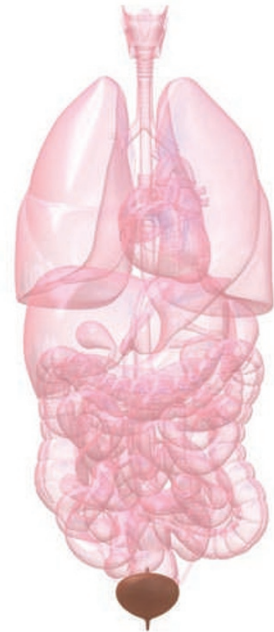
Combined therapy of extended-release tolterodine plus behavioral intervention for the treatment of overactive bladder has shown promising efficacy and patient satisfaction in a new study. “So many patients were satisfied with the initial phase of the intervention—even those who received Detrol LA [tolterodine] again, after not being satisfied with it before,” says lead researcher Carl Klutke, of the Washington University School of Medicine, Missouri.

Antimuscarinic drugs are the first-line pharmacological treatment for overactive bladder, and have been shown to improve symptoms and quality of life. Poor treatment outcomes are usually attributed to patient noncompliance with the treatment; that is, failing to ingest the course of medication as prescribed. “Experience in my clinical practice suggested that effective treatment of patients with overactive bladder required more than taking a pill,” describes Klutke. He continues to explain that patients who seem to be refractory to treatment often need education about their condition and information about behavioral changes they could make to help manage or prevent their symptoms. Previous studies have shown that behavioral therapy together with pharmacological therapy can yield an additional treatment benefit compared with either therapy alone. Klutke and colleagues sought to build on this

evidence by assessing patient responses to a combination of extended-release tolterodine with either standardized self-administered or individualized behavioral intervention.

The investigators enrolled 416 patients with overactive bladder who were dissatisfied with previous antimuscarinic therapy from 66 medical centers in the US. All patients received extended-release tolterodine and were given a pamphlet with information on their disorder and how to self-administer behavioral interventions, such as pelvic floor muscle exercises. Patients who reported dissatisfaction after 8 weeks were continued on their pharmacological therapy for a further 8 weeks, and were provided with individualized behavioral intervention by a nurse or doctor to ensure correct pelvic floor muscle exercise technique.

Overall, 91% of the patients were a little or very satisfied with the initial treatment; 346 patients reported as such at week 8. Of the 50 patients who chose to receive individualized behavioral intervention at this point, 33 did so due to dissatisfaction with the initial therapy, 25 (76%) of whom became satisfied with the treatment at week 16. In total, 53% of the patients reported being very satisfied at week 8, increasing to 64% at week 16. Self-reported micturitions, nocturnal frequency and urge urinary incontinence showed substantial improvements throughout the study period.



Behavioral intervention is a simple approach from which patients with overactive bladder can benefit, in addition to standard pharmacological therapy. “Our findings certainly support the importance of providing patients [with] information on the condition and strategies they can employ to help manage their symptoms,” Klutke concludes.

Lisa Richards

Original article Klutke, C. G. *et al.* Combined effects of behavioral intervention and tolterodine in patients dissatisfied with overactive bladder medication. *J. Urol.* **181**, 2599–2607 (2009).