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ONABOTULINUMTOXINA INJECTIONS FOR IDIOPATHIC AND NEUROGENIC OVERACTIVE BLADDER: DISCONTINUATION RATES AND REASONS FOR TREATMENT DISRUPTION IN TWO SPANISH HOSPITALS

Hypothesis / aims of study
Efficacy and safety of OnabotulinumtoxinA injection in idiopathic and neurogenic overactive bladder (OAB) is supported by level 1 evidence. However, many questions about discontinuation rates after the first injections remain unanswered.
The objective is to describe discontinuation rates and to identify the most common reasons for treatment interruption for patients receiving OnabotulinumtoxinA injections for idiopathic and neurogenic overactive bladder, as a part of the management strategy of this therapy.

Study design, materials and methods
166 patients treated with bladder injections of OnabotulinumtoxinA foridiopathic and neurogenic overactive bladder between 2007 and 2014 in two Spanish hospitals (73 patients in Hospital A - HA) and 93 at Hospital B - HB) were retrospectively studied.
A telephone survey using a designed questionnaire was performed in order to identify causes of abandonment (Table 1). Patients answered as well a treatment satisfaction questionnaire (The global assessment Benefits, Satisfaction and Willingness, BSW).

Results
166 patients (73 in HA and 93 in HB) completed the survey. 128 patients (77.1%) reported improvement in OAB symptoms. 72 (43.37%) discontinued treatment (29 in HA and 43 in HB respectively).
More frequent reasons for discontinuation can be clustered into 3 categories: 1) Patient expectations regarding improvement, 2) Geographical accessibility difficulties and 3) Complications of the technique (pain, urinary tract infection and urinary retention). (Table 2).
A total of 302 injections were carried out in 166 patients. 87 patients receiving one injection (37 discontinued the treatment at first injection), 46 receiving two injections (18 discontinued), 18 receiving three injections (5 discontinued), 11 receiving four injections (4 discontinued), 2 receiving five injections (1 discontinued) and 2 receiving eight injections (None discontinued). A total of 18 (10.8%) patients required intermittent catheterization, only 2 disrupted the treatment for this reason, and 71 (42.7%) developed at least one urinary tract infection (only 5 discontinued).

Table 1. Causes of OnabotulinumtoxinA treatment discontinuation

		Hospital A		Hospital B		Total	
		N	%	N	%	N	%
	Patients interviewed	73		93		166	
	Discontinuation rates	29	39,7	43	46,2	72	43,4
Reasons							
	Medical indications						
	Insufficient response	3	10,3	7	16,3	10	13,9
	Sustained improvement	1	3,4	0	0	1	1,4
	Hospital access difficulties	0	0	4	9,3	9	12,5
	Pain	0	0	1	2,3	1	1,4
	Urinary Retention	0	0	1	2,3	1	1,4
	Urinary Tract Infection	0	0	2	4,6	2	2,8
	Unknown	2	6,9	0	0	2	2,8
	TOTAL	6	20,7	15	34,9	26	36,1
	Patient reported reasons						
	Insufficient response	16	55,7	15	34,9	31	43,1
	Sustained improvement	2	6,9	4	9,3	6	8,3
	Hospital access difficulties	4	13,8	5	11,6	9	12,5
	Pain	0	0	1	2,3	1	1,4
	Urinary Retention	0	0	1	2,3	1	1,4
	Urinary Tract Infection	1	3,4	2	4,6	3	4,2
	TOTAL	23	79,3	28	65,1	51	70,8

Table 2. Reasons of the Discontinuation rates of treatment groups

	HOSPITAL A		HOSPITAL B		TOTAL	
	n	%	n	%	n	%
N	29		43		72	
Expectations	22	75,9	26	60,5	48	66,7
Hospital access difficulties	4	13,8	9	20,9	18	25
Complications	1	3,4	8	18,6	9	12,5
Unknown	2	6,9	0	0	2	2,8

Interpretation of results

Although 77% of patients in our series reported improvement with injections of OnabotulinumtoxinA, a 43% discontinued treatment rate was found.

Patient expectations regarding treatment are the main reason of treatment discontinuation in our series, above the complications.

Concluding message

More insight about managing patients treatment expectations is needed to improve adherence to onabotulinumtoxinA bladder injections in OAB.

Disclosures

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