

Tolterodine

A Viewpoint by Paul Abrams

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Overactive bladder is a term that encompasses the symptoms of frequency, urgency and urge incontinence. This is a distressing and common condition with perhaps as many as 50 million sufferers in developed countries; this makes the problem more common than Alzheimer's disease or osteoporosis. At present, the therapeutic armamentarium available to the clinician with a patient with overactive bladder is far from optimal. The principal problem is the poor tolerability of available drugs. Oxybutynin, the most widely prescribed antimuscarinic drug, is effective for the management of overactive bladder.^[1] However, adverse effects such as dry mouth are often so severe that patients discontinue treatment, even though this means that their bladder symptoms will return. There is therefore a large unmet need for alternative agents. In particular, there is a need for drugs with efficacy at least as good as that of oxybutynin but with better tolerability.

Tolterodine is a new antimuscarinic agent which has been specifically designed for management of overactive bladder. A comprehensive research programme has shown efficacy, as assessed by both subjective and objective means. At a dosage of 2mg

twice daily, tolterodine is better tolerated than oxybutynin but has proved to be equally effective in randomised controlled trials. In a long term study, 70% of evaluable tolterodine recipients have completed 12 months' treatment, providing evidence of its long term efficacy and favourable tolerability. This contrasts with the finding of Kelleher et al.,^[2] who reported that only 18% of female patients who were prescribed oxybutynin for bladder overactivity remained on treatment after 6 months. The most common reason for stopping treatment was adverse effects.

Tolterodine has a favourable tolerability profile compared with existing agents and has demonstrable clinical efficacy. It is therefore an important new drug for the management of patients with symptoms secondary to bladder overactivity. It is to be hoped that the drug will fulfil its initial promise as the most important breakthrough in urology for 30 years. ▲

References

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2. Kelleher CJ, Cardozo LD, Khullar V, et al. A medium term analysis of the subjective efficacy treatment for women with detrusor instability and low bladder compliance. *Br J Obstet Gynaecol* 1997; 104: 988-93