

# Tolterodine Aids Quality of Life in Older Women

BY HEIDI SPLETE  
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WASHINGTON — Extended-release tolterodine improved overactive bladder problems and quality of life in sexually active postmenopausal women, according to a review of patient-reported outcomes presented in a poster at the annual meeting of the American Society for Reproductive Medicine.

"Physicians should consider the potential impact of [overactive bladder] symptoms and their treatment on postmenopausal patients' sexual function and quality of life," wrote Dr. Gloria Bachmann of the University of Medicine and Dentistry of New Jersey, New Brunswick, and her colleagues.

The study was sponsored by Pfizer Inc., the manufacturer of Detrol LA extended-release tolterodine tartrate capsules.

Data from previous studies have shown that the prevalence of overactive bladder (OAB) in women increases with age and that the urinary symptoms that are associated with the condition are also associated with reduced sexual activity and quality of life.

To determine the effectiveness of the antimuscarinic agent tolterodine for relieving urinary incontinence and OAB, the investigators reviewed data from 211 post-

menopausal women with OAB whose mean age was 56 years.

Of those, 112 women received 4 mg of extended-release tolterodine to be taken within 4 hours of bedtime each day for 12 weeks, and 99 women received a placebo for the same period.

The women completed several validated instruments at baseline and again at 12 weeks.

Overall, those in the tolterodine group reported significantly less use of absorbent pads and lower urination frequency, compared with those in the placebo group. The tolterodine group also reported fewer episodes of urgent urinary incontinence, but the difference was not statistically significant from the placebo group.

In addition, results from the Patient Perception of Bladder Condition showed that more of the tolterodine patients reported improvement in their symptoms than did placebo patients (74% vs. 62%, respectively). And the number of women in the tolterodine group who reported severe OAB problems dropped from 12% at baseline to 1% after 12 weeks, compared with a drop from 12% to 3% in the placebo group.

The treatment group also reported improvements in sexual function and quality of life from baseline to 12 weeks, based on the Physical, Behavioral/Emotive, Partner-Related, and total sections of the Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ). By contrast, the placebo patients reported significant improvements from baseline to 12 weeks only for the Physical section of the PISQ.

The total improvement in the PISQ scores for the treatment and placebo groups were 4.5% and 1.6%, respectively.

In addition, in the tolterodine group, overall quality-of-life scores were significantly higher after 12 weeks, compared with baseline, whereas quality-of-life scores were not significantly different in the

placebo group after 12 weeks, compared with baseline.

No significant adverse events were reported in either of the groups during the study period, but the results were limited by the lack of long-term follow-up data beyond 12 weeks.

Dr. Bachmann has served as a consultant to Pfizer, and her three coinvestigators are currently employed by the company. ■

**Physicians should consider the potential impact of OAB symptoms and treatment on postmenopausal patients' sexual function and quality of life.**

## Pelvic Organ Prolapse Surgery May Also Improve Body Image

BY DAMIAN McNAMARA  
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HOLLYWOOD, FLA. — Reconstructive surgery for pelvic organ prolapse not only improves physical distress but can significantly improve a woman's body image and depressive symptoms, according to results of a prospective, case-control study.

"Body image can be used as an indicator of quality of life after reconstructive surgery," said Dr. Jerry L. Lowder of the division of urogynecology and pelvic reconstructive surgery at the University of Pittsburgh Medical Center.

Body image is a neuropsychiatric construct, and dissatisfaction with body image is associated with anxiety and depression, he said. "Prolapse is a disfiguring disorder of the urogenital tract that is often hidden" but could still have negative effects on body image.

Dr. Lowder and his associates hypothesized that reconstructive surgery would improve body image scores. They enrolled 85 sexually active women over age 40 who were planning surgery to correct stage II or greater prolapse. A total of 57 participants had complete data at 6 months and were assessed further.

Participants had a variety of surgery types. "Surgical choice was not part of the design," Dr. Lowder said at the annual meeting of the American Urogynecologic Society. A total of 42 of the 57 patients (74%) had sacral colpopexy; 7 (12%) had uterosacral suspension; 6 (11%) had total vaginal mesh placed; and 2 (3%) had posterior colporrhaphy.

The mean age of patients was 60 years, and mean body mass index was 28 kg/m<sup>2</sup>. Most of the patients were white (96%) and postmenopausal (82%). Six women (10%) had stage II prolapse before surgery; 47 (83%) had stage III prolapse; and 4 (7%) had stage IV prolapse.

Prolapse stage significantly improved according to standard Pelvic Organ Prolapse Quanti-

tative (POP-Q) examinations at baseline and at 6 months. Initial prolapse improved from an average stage III to stage I at 6 months.

The researchers assessed other effects of the surgery using questionnaires at baseline and follow-up.

For example, the women had a significant improvement on the Body Exposure in Sexual Activities Questionnaire (BESAQ), a 28-item "prolapse-specific body image proxy," Dr. Lowder said. Scores range from 0 to 112, with a lower result representing a better body image. Mean scores changed from 41 at baseline to 34 at 6 months.

Patients also self-administered the Body Image Quality of Life Inventory (BIQLI), a 19-item general body image questionnaire. Results are expressed within a range of -3 to +3, with a higher score translating to a better body image. The scores went from a mean 0.9 at baseline to 1.2 at 6 months, which was not a significant difference.

There were, however, significant improvements in symptoms on both the Pelvic Floor Distress Inventory (PFDI) and Pelvic Floor Impact Questionnaire (PFIQ) by 6 months. The median PFDI score decreased from 282 at baseline to 45 at 6 months. The median PFIQ score improved from 212 at baseline to 22 at follow-up.

Significant improvements also were demonstrated with the Pelvic Organ Prolapse Incontinence Sexual Questionnaire (PISQ-12). Results went from a mean 32 at baseline to 35 at 6 months. Similarly, the median scores on the Patient Health Questionnaire (PHQ-9) improved from 3 at baseline to 2 at follow-up.

Reports of depressive symptoms improved as well following reconstructive surgery. Patients had a mean of 14 moderate to severe depressive symptoms preoperatively," Dr. Lowder said. "There were a mean of five moderate to severe depressive symptoms postoperatively without a change in treatment." ■

## Study: PMS Increases Risk For Pelvic Floor Disorders

BY MIRIAM E. TUCKER  
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WASHINGTON — Women with premenstrual syndrome are at increased risk for pelvic floor disorders, according to results from a study of twin sisters.

In addition, women who do not have PMS but who have a first-degree relative with PMS may also be at increased risk for pelvic floor disorders, Dr. Sarit O. Aschkenazi said at the annual meeting of the AAGL.

The findings come from a cross-sectional survey of 362 premenopausal identical twin sisters who were recruited at the 2005-2006 Twins Day Annual Festival in Twinsburg, Ohio.

The women filled out two validated questionnaires. One, the 14-item Premenstrual Symptoms Screening Tool (PSST), identifies individuals with PMS and premenstrual dysphoric disorder (PMDD), and grades severity. The other, the short form of the Pelvic Floor Disorder Inventory (PFDI-20), comprises subscales for distress related to urinary, pelvic organ prolapse, and colorectal/anal symptoms.

Each subscale is scored from 0 (least distress) to 100 (greatest distress), yielding a 0-300 range of total score.

A total of 12% of the women met criteria for moderate to severe PMS/PMDD.

The patients had a mean age of 26 years and a mean body mass in-

dex of 23.4 kg/m<sup>2</sup>; most were nulliparous (72%), were educated (80% had at least a high school education), and were working (62% were employed).

Ninety percent were white; 3%, black; 3%, Hispanic; and 4%, other ethnicities, noted Dr. Aschkenazi, a urogynecologist at Evanston (Ill.) Northwestern Hospital.

Compared with the 318 women who had no or mild PMS/PMDD, the 44 who had severe PMS or PMDD scored significantly higher on all three of the PFDI-20 distress subscales: 12.4 vs. 4.8 for pelvic organ prolapse, 10.2 vs. 2.9 for colorectal/anal, and 18.6 vs. 6.7 for urinary symptoms.

Scores for symptoms of pelvic pressure and dullness, incomplete bowel emptying, fecal urgency, and frequent urination/leakage were each significantly worse in the women with severe PMS/PMDD, compared with those without, she reported.

The mean total PFDI-20 scores were higher among the 28 women without severe PMS/PMDD whose twin did have PMS than they were among the 262 women whose twin did not have severe PMS/PMDD, reaching significance for the urinary symptom component (12.8 vs. 6.0).

This finding suggests that the PMS-free women whose twin sisters have PMS might be at increased risk for pelvic floor disorders because of genetic factors, she commented. ■