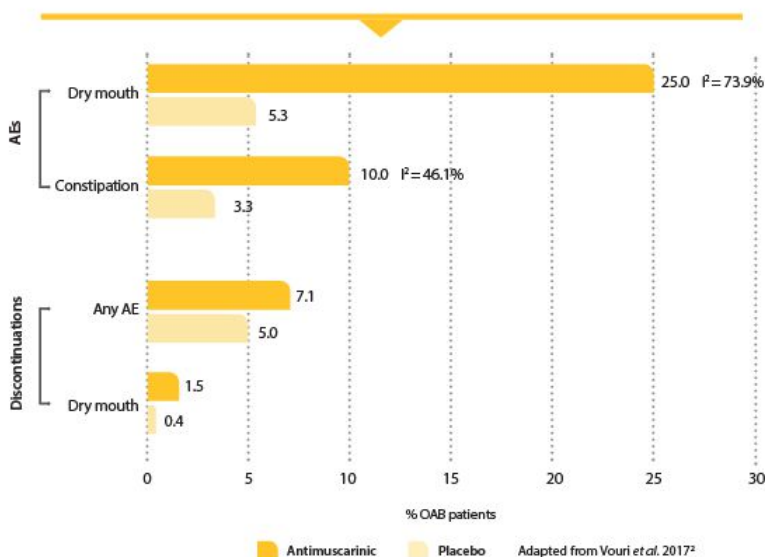


The management of OAB in older patients requires a careful balance between efficacy, tolerability, and safety.¹ Older patients with OAB have greater risk of experiencing anticholinergic adverse events.²⁻⁵



AEs and discontinuations that were statistically more common* with antimuscarinics versus placebo in a meta-analysis of clinical trials in patients ≥ 65 years old with OAB[†]

This cumulative anticholinergic burden may lead to increased healthcare costs.²⁻⁵



Increased risk of falls⁴

Patients with OAB and a high anticholinergic burden:[‡] >2.4-fold increased risk for falls and fractures versus those with no burden[§]



Increased healthcare costs following a fall/fracture⁵

Healthcare costs associated with a fall/fracture in people with OAB: >50% higher in those with high anticholinergic burden[¶] versus those with no burden[§]

*Anticholinergic burden defined as a cholinergic score >0 ; \dagger P-values are not available. \ddagger Defined as a score of 500+ in previous 6 months; \S Retrospective claims study (2007-2015) of 154,432 adults with OAB in the US; \P Defined as a score of 500+ in previous 12 months; retrospective claims study (2007-2015) of 154,432 adults with OAB in the US. CI, confidence interval; EOT, end of treatment; OAB, overactive bladder; SE, standard error.
References: 1. MacLennan SA. Rev Urol. 2008;10:6-13. 2. Vouri SM, et al. Arch Gerontol Geriatr. 2017;69:77-96. 3. Hamod T, et al. Sci Rep. 2021;11:4827. 4. Szabo SM, et al. BMJ Open. 2019;9:e026391. 5. Lozano-Ortega G, et al. Pharmacoecoon Open. 2021;5:45-55.