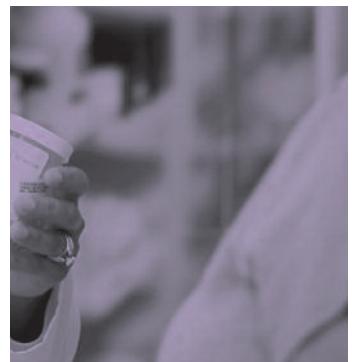
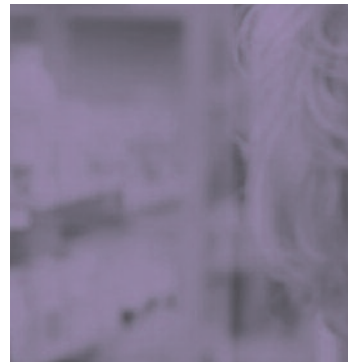


# BEST BUY DRUGS

Evaluating Prescription Drugs Used to Treat:

## Overactive Bladder

Comparing Effectiveness, Safety, and Price



# Our Recommendations

The six prescription drugs used to treat the urination disorder, overactive bladder, are only modestly effective and have side effects that can limit their usefulness. If you have mild symptoms, you should first try lifestyle changes (for example, cutting back on caffeinated beverages) and other nondrug measures, such as Kegel exercises to strengthen pelvic muscles that help control urination, to see if these provide enough relief. People with more severe symptoms can also benefit from nondrug measures but might experience added relief from also taking medication.

There are six drugs for overactive bladder: darifenacin (Enablex); fesoterodine (Toviaz); oxybutynin (Ditropan, Ditropan XL, a skin patch called Oxytrol, a topical gel called Gelnique, and generic); solifenacin (Vesicare); tolterodine (Detrol, Detrol LA); and trospium (Sanctura, Sanctura XR). None has been shown to be clearly more effective than the others, but these drugs do differ in cost and the side effects they cause. Side effects include dry mouth, constipation, and possibly blurred vision and dizziness. Studies have found that Ditropan XL, Detrol LA, Oxytrol, Sanctura, Vesicare, and Enablex may cause fewer side effects.

Taking effectiveness, side effects, safety, dosing convenience, and cost into account, we have chosen the following as *Consumer Reports Health Best Buy Drugs* to treat overactive bladder—if you and your doctor conclude that a drug is worth trying:

- Tolterodine (Detrol)
- Tolterodine extended release (Detrol LA)

Both medicines cost quite a bit more than oxybutynin, the only generic now available to treat overactive bladder. Their choice as *Best Buys* is justified by their lower risk of side effects. Some people tolerate the side effects of generic oxybutynin tablets well. If you have no health insurance or drug coverage, you might consider trying that first since it is significantly less expensive.

*This report was updated in June 2010.*

# Welcome

This report compares the effectiveness, safety, and cost of six prescription medicines used to treat overactive bladder, a condition characterized by the sudden need to urinate, often accompanied by the leaking of urine (incontinence) and the need to urinate eight to 10 times or more a day.

This report is part of a Consumers Union and *Consumer Reports* project to help you find medicines that are safe and effective and give you the most value for your health-care dollar. To learn more about the project and other drugs we have evaluated for other diseases and conditions, please go to [ConsumerReportsHealth.org/BestBuyDrugs](https://www.ConsumerReportsHealth.org/BestBuyDrugs).

The symptoms of overactive bladder and related incontinence are very common. At least 11 to 16 million U.S. women suffer from overactive bladder and incontinence, according to the Agency for Healthcare Research and Quality. Some estimates indicate that an equal number of men experience overactive bladder, but exact numbers are difficult to pin down because these symptoms can also be caused by prostate problems. The condition can develop in men or women of any age but is more likely to occur in older adults.

It's important to note that overactive bladder symptoms are not always permanent and may go away. Studies show that the condition resolves after a year in 23 to 35 percent of women who develop it. However, for the majority of women, the condition persists for years.

The symptoms of overactive bladder are easy to recognize. They include one or more of the following:

- Urinating eight or more times per day
- Waking up more than twice a night to urinate
- An overwhelming and sudden need to urinate, even if you've recently gone to the bathroom
- The leakage of urine before you're able to make it to a bathroom. (About half of the people with overactive bladder have urge-related leakage.)

If you have symptoms of overactive bladder, it's important to see your primary-care physician or general internist to get an accurate diagnosis, because there are several other bladder and incontinence disorders that are treated differently but are sometimes confused with overactive bladder. If you don't respond to behavioral therapies or medication, or you have other complications, then you might need to see a urologist, urogynecologist, or other specialist.

“Stress incontinence” is a major bladder disorder that is sometimes

confused with overactive bladder. This condition is characterized by the involuntary loss of urine when coughing, sneezing, running, jumping, or even laughing. It's caused by a weakness of the muscles that help keep the bladder closed. Some people have a combination of overactive bladder and stress incontinence.

Another bladder disorder called "overflow incontinence" can have symptoms similar to overactive bladder. This condition is usually caused by an obstruction that does not allow all the urine to be expelled.

A host of other conditions can cause symptoms (especially urinary frequency) similar to those associated with overactive bladder. These include diabetes, heart disease, multiple sclerosis, Parkinson's disease, spinal cord injuries, and strokes.

Urgency, incontinence, and urinary frequency can also be caused by urinary-tract infections, kidney stones, prostate infection or enlargement, or medicine you take to treat other conditions (such as high blood pressure). The first question your doctor might ask if you're having urinary problems is what medicines you're taking.

Though not life-threatening, overactive bladder is inconvenient, can be embarrassing, and can markedly reduce your quality of life. Some people with the condition find it difficult to leave the house, sit through a meeting, enjoy a dinner out, or go to a movie.

But many people hesitate to seek treatment due to embarrassment or because they erroneously think their symptoms are a normal part of aging and can't be remedied. In fact, overactive bladder is not normal, and treatment can significantly ease your symptoms and improve your quality of life. The bottom line: If you have strong urinary urgency or leakage, or if you have to urinate eight or more times a day where it becomes bothersome, see a physician to get an accurate diagnosis.

You might not need a drug. Nondrug treatments can be very helpful, and are usually (and should be) recommended before drugs for many people with overactive bladder and incontinence.

The most important nondrug treatments are behavioral and physical techniques that help you control bladder function. Doctors often call this "bladder training." For example, you might be taught how to time urination at regular intervals and hold your urine for progressively longer periods of time.

You'll also be shown how to do so-called "Kegel" exercises to strengthen the pelvic muscles that control urination. If necessary, you can go to Kegel classes or clinics. Once you learn how to do them, they can be worked into your daily routine. For example, you could do a set of Kegels in your car while stopped at a red light.

Lifestyle changes can also help. These include cutting back on certain drinks and foods, including caffeinated and alcoholic beverages, and drinking less fluid between dinner and bedtime.

Studies have found that behavioral treatments and lifestyle adjustments, when practiced diligently, can help relieve symptoms. They decrease frequent urination and incontinence episodes.

The National Institutes of Health website on overactive bladder has more about Kegel exercises, bladder training, and lifestyle changes: <http://www.nia.nih.gov/HealthInformation/Publications/urinary.htm>.

If nondrug treatments don't provide you with enough relief, it may be time to try adding a medication.

The medicines we evaluate in this report are:

Generic Name	Brand Name(s)	Available as a Generic Drug?
Oxybutynin	Ditropan, Ditropan XL	Yes
Oxybutynin (skin patch)	Oxytrol	No
Oxybutynin (skin gel)	Gelnique	No
Tolterodine	Detrol, Detrol LA	No
Trospium	Sanctura, Sanctura XR	No
Solifenacin	Vesicare	No
Darifenacin	Enablex	No
Fesoterodine	Toviaz	No

All these medications have been approved by the Food and Drug Administration to treat overactive bladder. Oxybutynin (Ditropan) has been available since 1976, and tolterodine (Detrol) since 1998. The short-acting form of oxybutynin is now available as a less-expensive generic drug. A generic version of tolterodine was given tentative approval by the FDA in 2005 but is not expected to be available until 2012, when the patent on the branded drug expires.

Longer-acting or extended-release formulations of oxybutynin and tolterodine are also available. Both of those extended-release formulations (Ditropan XL and Detrol LA) have been widely advertised to

consumers. The extended-release formulation of oxybutynin is available as a lower-priced generic, but the extended-release formulation of tolterodine is not.

The oxybutynin patch (Oxytrol) became available in 2003, and in 2009 a topical gel form of this drug was approved (Gelnique). The gel is applied to the abdomen, upper arms, or thighs once a day.

Darifenacin (Enablex), solifenacin (Vesicare), and trospium (Sanctura, Sanctura XR) are relatively newer drugs (all approved in 2004) and are taken once daily. Fesoterodine (Toviaz), approved in 2008, is chemically similar to tolterodine and is the newest drug for an overactive bladder. There is limited comparative research on these medications. Most of the research compares them with a placebo, so it's difficult to ascertain how they would fare if compared with each other. Overall, there is less information about the comparative effectiveness and safety of these newer drugs than what is known about oxybutynin and tolterodine.

Other prescription medicines have been used in the past to treat the symptoms of overactive bladder. Among them are flavoxate (Urispas) and scopolamine (Transderm Scop). The evidence that either works well is questionable, and both can have serious side effects. As a result, they are no longer widely used to treat the condition, and we don't recommend their use for that purpose.

There are other procedures used to treat severe overactive bladder, including surgery and the injection of drugs, but we do not evaluate either of those treatments in this report.

For women with incontinence, some doctors might also prescribe a vaginal cream or ring that contains estrogen. But, there isn't any evidence this works as a treatment for incontinence. And studies have found that hormone pills are *not* an effective treatment for incontinence, so they also should not be prescribed for this purpose.

*This report was updated in June 2010.*

## What Are the Medicines for Overactive Bladder and Who Needs Them?

The six drugs used to treat overactive bladder act on nerve cells that control the retention and voiding of urine. They relax the bladder and decrease the urge to urinate.

If your condition is mild to moderate, with rare to occasional “accidents,” your doctor will probably recommend that you try the nondrug measures mentioned on page 4 before you try a medication. If they don’t work, he or she might suggest that you also try one of the drugs we discuss.

Your doctor will start by asking about your symptoms and medical history, such as any medications you are taking and any operations or procedures you have undergone. He or she might ask you to fill out a “bladder diary” to keep track of how often you go to the bathroom and how often you have urine leakage. The doctor might also give you a physical examination and run some tests to check for problems with your urine or bladder.

Here are a few simple criteria to help you determine whether you have *mild* overactive bladder:

- Your urges to urinate are tolerable
- You need to hurry to the bathroom but perhaps not actually run
- You have little or no leakage
- You urinate nine to 12 times a day. (Normal urination is four to eight times a day, though this can change from day to day and depend on the weather and your liquid intake.)

If your symptoms are more severe—for example, if you need to go to the bathroom 15 times a day or more and/or you have several leakage episodes a day—it’s more likely that your doctor will prescribe medicine and recommend nondrug therapies, such as lifestyle changes and Kegel exercises.



Many doctors are hesitant to prescribe drugs for overactive bladder because of the risk of side effects. Dry mouth and constipation are common, can be very annoying, and for some people, can be quite severe. Blurred vision and dizziness can also occur. Mental confusion is a possibility, especially in older people, but there is limited comparative research on this side effect, so we don't know for certain if one drug is safer than the other. Since older people are more likely to have overactive bladder, doctors are especially alert to any mental confusion. If you (or a loved one) has Alzheimer's disease or another form of dementia (for example, one that develops after a stroke), your doctor might be reluctant to prescribe a drug for overactive bladder. We'd go a step further and suggest that you not take one unless your doctor feels strongly about prescribing it.

Your doctor will want to know if you have "narrow angle" glaucoma, an eye condition. The overactive bladder medicines are not recommended for people with this type of glaucoma. But most people with glaucoma have what is called "open angle" glaucoma and can take overactive bladder drugs.

Overall, more than half of the patients taking an overactive bladder drug stop within six months. Some studies have found that only 10 to 20 percent of people are still taking an overactive bladder

medicine after six to 12 months. That is a very high level of treatment dropout. Some of it is for a good reason: Lifestyle changes and nondrug measures have been successful at reducing their symptoms, so the drug is no longer needed. Some dropout may be due to cost, especially for people taking the newer, more expensive drugs. But about a third to one-half of the dropout is due to side effects. Patients simply can't tolerate the drug or decide it's not worth the minimal benefit they get.

Because the benefits of overactive bladder medicines can often be marginal, many doctors and experts think they're not worth continuing if patients have bad side effects. That said, if your doctor thinks your condition is severe enough to warrant one of these medicines, it might be worth trying. People respond to these drugs in different ways; you might tolerate it well and be able to adapt to the side effects. But you should discuss with your doctor any side effects you experience.

To sum up, we recommend that people with mild overactive bladder and infrequent incontinence try lifestyle changes first. If they don't work, talk with your doctor about taking one of the overactive bladder drugs. If you have more severe symptoms, you might need to supplement nondrug measures with medication.

## Choosing a Drug for Overactive Bladder – Our Picks

The overactive bladder drugs are only moderately effective. Studies have found that only a small proportion of people get complete relief from symptoms while taking the medications, particularly over longer periods of time. But most people can expect some relief—a decrease in the number of times a day they feel a strong urge to urinate, and a decline in the number of leakage episodes.

On average, people with overactive bladder urinate 12 times a day. Medication can reduce the number of daily bathroom trips by two to three for most people. If you have incontinence, you can expect the number of episodes to decline by one to two per day.

Of course, people respond differently to the overactive bladder drugs (as is true with almost all drugs), so there can be variation in the reduction of urges, urinary frequency, and leakage. Some people will notice a substantial reduction in symptoms while others will barely get any relief. The only way to know how you will respond is to try one of the medicines. Also keep in mind that you might have to take the medicine for up to four weeks to see the maximum level of symptom relief.

Each of the six drugs has strengths and weaknesses. But overall, the few studies that have compared the drugs with each other have found little difference among them in terms of effectiveness. That includes studies that compared the immediate-release (or short-acting) forms of these drugs to the long-acting or extended-release forms.

Even fewer studies have evaluated how the drugs affect the highly subjective symptom of urgency. As you might imagine, that's more difficult to measure than the number of times you urinate. Here, too, the studies point to a modest success for the overactive bladder drugs, with a wide range of individual responses. So, depending on your own body chemistry and response, you might notice a meaningful decrease in urgency or very little change.

The drugs differ more substantially when their side effects are compared. But the studies indicate some

trade-offs. (See Table 1 on page 10.) Of particular note is the evidence that the immediate-release form of oxybutynin (Ditropan) has higher rates of overall side effects, dry mouth, and people stopping the drug due to side effects compared with the other overactive-bladder medications. Short-acting tolterodine has lower rates of dry mouth or constipation than oxybutynin (short-acting). Tolterodine extended-release (Detrol LA) might also have lower rates of dry mouth compared with the extended-release form of oxybutynin (Ditropan XL) and the short-acting tolterodine, although this evidence is less consistent. The oxybutynin patch (Oxytrol) poses less risk of dry mouth than the oxybutynin pill, but the incidence of skin reactions was fairly high (26%), leading 11% of people to stop using the patch.

While trospium (Sanctura), solifenacin (Vesicare), and darifenacin (Enablex) have lower side effect rates than immediate-release oxybutynin (Ditropan), any differences between these drugs and the others are not clearly apparent, except that the extended-release form of tolterodine (Detrol LA) might have a lower rate than solifenacin (Vesicare). Comparative evidence on the newest drugs is limited or nonexistent.

Generally, choosing the best overactive bladder drug will depend on your medical history, the severity of your condition, convenience factors (such as taking one pill a day vs. three times a day), a drug's side effects, your insurance coverage, and your out-of-pocket costs. It will also depend on the other drugs, prescription and nonprescription, you are taking.





Table 1 on page 10 presents some of the strengths and weaknesses of each drug. All the overactive bladder drugs have rates of side effects and treatment dropout that vary from study to study—sometimes widely. So it's not fair (or particularly meaningful) to present the actual numbers from the studies evaluated for this report. Instead, we provide a thumbnail assessment of each drug and how each stacks up against the others where evidence is available.

The assessments in this report and in Table 1 are based on a systematic review of the evidence from 151 studies on overactive bladder drugs, plus five

**Table 1. Overactive Bladder Drugs – Strengths and Weaknesses**

Generic name	Brand Name	Strengths	Weaknesses
Oxybutynin tablet (Short-acting)	Ditropan	<ul style="list-style-type: none"> <li>On the market longest, well-known by doctors</li> <li>Many studies confirm its effectiveness</li> <li>Generic available</li> </ul>	<ul style="list-style-type: none"> <li>Highest rate of side effects, including dry mouth and constipation</li> <li>More people report severe dry mouth compared with other drugs</li> <li>Need to take 2 to 3 pills a day</li> </ul>
Oxybutynin tablet (Extended release)	Ditropan XL	<ul style="list-style-type: none"> <li>Lower rate of side effects than short-acting oxybutynin</li> <li>Needs to be taken just once a day</li> </ul>	<ul style="list-style-type: none"> <li>More expensive than the short-acting form</li> </ul>
Oxybutynin transdermal patch	Oxytrol	<ul style="list-style-type: none"> <li>No need to take a pill</li> <li>Patch is changed every three to four days</li> <li>Lower rate of dry mouth compared with oxybutynin pill</li> </ul>	<ul style="list-style-type: none"> <li>Irritation at site of patch is common; can be severe</li> </ul>
Oxybutynin topical gel	Gelnique	<ul style="list-style-type: none"> <li>No need to take a pill</li> <li>Gel is applied to abdomen, upper arm/shoulder, or thigh daily</li> </ul>	<ul style="list-style-type: none"> <li>Recently approved; very limited research to date</li> </ul>
Tolterodine (Short-acting)	Detrol	<ul style="list-style-type: none"> <li>Fewer patients report dry mouth or constipation than oxybutynin short-acting</li> </ul>	<ul style="list-style-type: none"> <li>Taken twice a day (may be an advantage over oxybutynin tablets, but a disadvantage compared with daily Detrol LA)</li> </ul>
Tolterodine (Extended release)	Detrol LA	<ul style="list-style-type: none"> <li>Taken once a day</li> <li>Fewer side effects compared with oxybutynin and short-acting Detrol</li> </ul>	<ul style="list-style-type: none"> <li>More expensive than short-acting tolterodine or oxybutynin</li> </ul>
Trospium (Short-acting)	Sanctura	<ul style="list-style-type: none"> <li>Lower rate of severe dry mouth than oxybutynin</li> </ul>	<ul style="list-style-type: none"> <li>Less research on effectiveness and safety than with oxybutynin and tolterodine</li> </ul>
Trospium (Extended release)	Sanctura XR	<ul style="list-style-type: none"> <li>Taken once a day</li> </ul>	<ul style="list-style-type: none"> <li>Very limited research to date</li> </ul>
Solifenacin	Vesicare	<ul style="list-style-type: none"> <li>Taken once a day</li> <li>Improves some symptoms better than Detrol or Detrol LA</li> </ul>	<ul style="list-style-type: none"> <li>Less research on effectiveness and safety than with oxybutynin and tolterodine</li> <li>Higher rates of dry mouth and constipation than Detrol LA</li> </ul>
Darifenacin	Enablex	<ul style="list-style-type: none"> <li>Taken once a day</li> </ul>	<ul style="list-style-type: none"> <li>Less research on effectiveness and safety than with oxybutynin and tolterodine</li> </ul>
Fesoterodine	Toviaz	<ul style="list-style-type: none"> <li>Same active metabolite as tolterodine, but does not require a specific enzyme to convert to the active drug. 10% of Caucasians and up to 19% of African-Americans lack this enzyme.</li> <li>It may avoid drug interactions seen with tolterodine</li> </ul>	<ul style="list-style-type: none"> <li>Newest drug on market; limited research to date</li> </ul>

**Table 2. Costs of Overactive Bladder Drugs**

Generic Name and Dose	Brand Name <sup>1</sup>	Frequency of Use Per Day <sup>2</sup>	Average Monthly Cost <sup>3</sup>
Oxybutynin 5-mg tablets	Ditropan	Two	\$82
Oxybutynin 5-mg tablets	Generic	Two	\$10
Oxybutynin 5-mg tablets	Ditropan	Three	\$123
Oxybutynin 5-mg tablets	Generic	Three	\$15
Oxybutynin extended-release 5-mg tablets	Ditropan XL	One	\$155
Oxybutynin extended-release 5-mg tablets	Generic	One	\$104
Oxybutynin extended-release 10-mg tablets	Ditropan XL	One	\$150
Oxybutynin extended-release 10-mg tablets	Generic	One	\$105
Oxybutynin extended-release 15-mg tablets	Ditropan XL	One	\$154
Oxybutynin extended-release 15-mg tablets	Generic	One	\$107
Oxybutynin skin patch 3.9 mg/24 hrs	Oxytrol	See note <sup>4</sup>	\$195-\$260
Oxybutynin topical gel 10%	Gelnique	Apply once daily	\$179
 Tolterodine 1-mg tablets	Detrol	Two	\$214
 Tolterodine 2-mg tablets	Detrol	Two	\$220
 Tolterodine extended-release 2-mg capsules	Detrol LA	One	\$184
 Tolterodine extended-release 4-mg capsules	Detrol LA	One	\$169
Trospium 20-mg tablets	Sanctura	Two	\$220
Trospium 60-mg capsules	Sanctura XR	One	\$179
Solifenacin 5-mg tablets	Vesicare	One	\$189
Solifenacin 10-mg tablets	Vesicare	One	\$189
Darifenacin 7.5-mg tablets	Enablex	One	\$181
Darifenacin 15-mg tablets	Enablex	One	\$182
Fesoterodine 4-mg tablets	Toviaz	One	\$174
Fesoterodine 8-mg tablets	Toviaz	One	\$172

1. "Generic" means the price given is for the generic version.

2. As typically prescribed.

3. Prices reflect nationwide retail average for March 2010, rounded to the nearest dollar. Prices are derived by *Consumer Reports Health Best Buy Drugs* from data provided by Wolters Kluwer Pharma Solutions. Wolters Kluwer is not involved in our analysis or recommendations.

4. The manufacturer's recommendation is to change the patch every three to four days. The price range reflects that variable use.

newer studies. The studies were conducted between 1966 and 2009. There's more information on page 14 about our methodology.

Table 2 on page 11 presents the costs for overactive-bladder drugs. Taking effectiveness, side effects, safety, dosing convenience, and cost into account, we have chosen the following as *Consumer Reports Health Best Buy Drugs*:

- Tolterodine (Detrol)
- Tolterodine extended release (Detrol LA)

The short-acting form of tolterodine (Detrol) costs more than generic oxybutynin, but we chose it as a *Best Buy* because it offers the advantages of fewer side effects and a lower rate of people discontinuing it due to adverse events. Detrol might be more convenient, too, because it is also almost never prescribed for use more than twice a day, whereas some people might need to take oxybutynin three times per day. That could be a significant convenience advantage for some people, such as seniors, who take multiple medicines per day.

Similarly, we chose Detrol LA as a *Best Buy* because it has a low risk of side effects and offers once-a-day convenience.

If you have health insurance or Medicare drug coverage (Part D or a Medicare Advantage plan), check to see if your plan covers our *Best Buy* selections. But be aware that you may be charged a higher co-payment than for generic oxybutynin. On the other hand, some insurance plans have a preferred medication for which they will charge you the lowest co-pay, so you should check with your plan for the specific details about drug coverage.

If cost is a major issue for you—for example, if you are without health insurance—we suggest that you talk with your doctor about trying low-cost generic oxybutynin first. Although it has a high rate of adverse effects, some people tolerate it well and it is certainly the least-expensive medication for an overactive bladder, at \$10 to \$15 for a month's supply. But if it does not provide you with enough symptom relief or the side effects bother you, you might have to try one of the other medicines.



## Talking With Your Doctor

It's important for you to know that the information we present here is not meant to substitute for a doctor's judgment. But we hope it will help you and your doctor arrive at a decision about which overactive bladder treatment is best for you, if one is warranted at all, and which gives you the most value for your health-care dollar.

Bear in mind that many people are reluctant to discuss the cost of medicine with their doctor, and that studies have found that doctors do not routinely take price into account when prescribing medicine. Unless you bring it up, your doctors might assume that cost is not a factor for you.

Many people (including physicians) think that newer drugs are better. While that's a natural assumption to make, it's not true. Studies consistently find that many older medicines are as good as—and in some cases better than—newer medicines. Think of them as "tried and true," particularly when it comes to their safety record. Newer drugs have not yet met the test of time, and unexpected problems can and do crop up once they hit the market.

Of course, some newer prescription drugs are indeed more effective and safer. Talk with your doctor about the pluses and minuses of newer vs. older medicines, including generic drugs.

Prescription medicines go "generic" when a company's patents on them have lapsed, usually about 12 to 15 years after becoming available on the market. At that point, other companies can make and sell the drug.

Generics are much less expensive than newer brand-name medicines, but they are not lesser-quality drugs. Indeed, most generics remain useful medicines even many years after first being marketed. That is why more than 60 percent of all prescriptions in the U.S. today are written for generics.

Another important issue to talk with your doctor about is keeping a record of the drugs you are taking. There are several reasons:

- First, if you see several doctors, each might not be aware of medicine the others have prescribed.
- Second, since people differ in their response to medication, it is very common for doctors today to prescribe several before finding one that works well or best.
- Third, many people take several prescription medications, nonprescription drugs, and dietary supplements at the same time. They can interact in ways that can either reduce the benefit you get from the drugs or be dangerous.
- Fourth, the names of prescription drugs—both generic and brand—are often hard to pronounce and remember.

For all these reasons, it's important to keep a written list of all the drugs and supplements you are taking and to periodically review it with your doctors.

And always be sure that you understand the dose of the medicine being prescribed for you and how many pills you are expected to take each day. Your doctor should tell you this information. When you fill a prescription at a pharmacy or if you get it by mail, check to see that the dose and the number of pills per day on the pill container match the amounts that your doctor told you.

## How We Picked the *Best Buy* Drugs

Our evaluation is primarily based on an independent scientific review of the evidence on the effectiveness, safety, and side effects of overactive bladder medications. A team of physicians and researchers at the Oregon Health & Science University Evidence-Based Practice Center conducted the analysis as part of the Drug Effectiveness Review Project, or DERP. DERP is a first-of-its-kind 11-state initiative to evaluate the comparative effectiveness and safety of hundreds of prescription drugs.

A synopsis of DERP's analysis of the overactive bladder drugs forms the basis for this report. A consultant to *Consumer Reports Health Best Buy Drugs* is also a member of the Oregon-based research team, which has no financial interest in any pharmaceutical company or product. The full DERP review of overactive bladder drugs is available at <http://derp.ohsu.edu/about/final-document-display.cfm>. (This is a long and technical document written for physicians.). We also relied on the Agency for Healthcare Research and Quality's report, *Treatment for Overactive Bladder in Women*. This report is available at <http://www.ahrq.gov/clinic/tp/bladdertp.htm>.

The drug costs we cite were obtained from a health-care information company that tracks the sales of prescription drugs in the U.S. Prices for a drug can vary quite widely, even within a single city or town.

All the prices in this report are national averages based on sales of prescription drugs in retail outlets. They reflect the cash price paid for a month's supply of each drug in March 2010.

We selected the *Best Buy Drugs* using the following criteria. The drug had to:

- Be approved by the FDA for treating overactive bladder
- Be as effective as other overactive bladder medicines
- Have a safety record equal to or better than other overactive bladder medicines

The *Consumer Reports Health Best Buy Drugs* methodology is described in more detail in the Methods section at [ConsumerReportsHealth.org/BestBuyDrugs](http://ConsumerReportsHealth.org/BestBuyDrugs).

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*Consumer Reports Health Best Buy Drugs* is a public-education project administered by Consumers Union. It is partially grant funded. Principal current outside funding comes from the state Attorney General Consumer and Prescriber Education Grant Program, which is funded by the multistate settlement of consumer-fraud claims regarding the marketing of the prescription drug Neurontin.

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