

# Consumer Reports BEST BUY DRUGS™

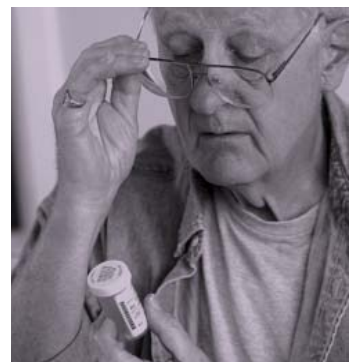
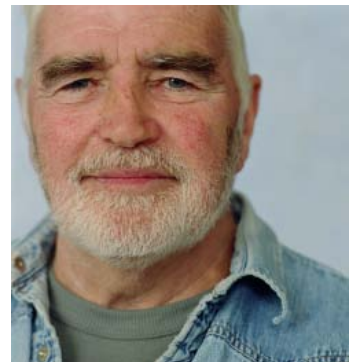
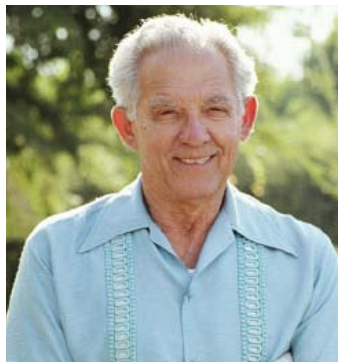


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## Evaluating Prescription Drugs Used to Treat: **Overactive Bladder**

Comparing Effectiveness, Safety, and Price



## Our Recommendations

The five prescription drugs used to treat overactive bladder are only modestly effective and have side effects that can limit their usefulness. Overactive bladder is characterized by the strong urge to urinate, often frequently and sometimes accompanied by leakage.

People with only mild symptoms should try non-drug measures first, such as lifestyle changes and learning Kegel exercises to strengthen pelvic muscles.

People with more severe symptoms also benefit from such measures but may get added symptom relief from taking a medicine. The drugs work better in tandem with non-drug measures than on their own.

None of the five drugs – oxybutynin (Ditropan, Ditropan XL and Oxytrol, a skin patch); tolterodine (Detrol, Detrol LA); trospium (Sanctura); solifenacin (Vesicare); and darifenacin (Enablex) – is any more effective than the others. However, they differ in the side effects they cause and their cost. Side effects include dry mouth, constipation, and mental confusion.

In studies, Ditropan XL, Detrol LA, Oxytrol, Sanctura, Vesicare, and Enablex have caused fewer side effects.

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

- *Tolterodine (Detrol)* – two pills per day
- *Tolterodine extended release (Detrol LA)* – one pill per day
- *Trospium (Sanctura)* – one pill per day
- *Oxybutynin patch (Oxytrol)* – two patches per week

All these medicines cost quite a bit more than generic oxybutynin, the only generic now available to treat overactive bladder. Their choice as *Best Buys* is justified by their lower risk of side effects. Tolterodine could soon become available as a generic drug.

Some people tolerate the side effects of generic oxybutynin well. If you have no health insurance or drug coverage, we'd advise trying that first.

*This report was released and last updated in September 2006.*

# Welcome

This report compares the effectiveness, safety, and cost of five prescription medicines used to treat overactive bladder. Overactive bladder is characterized by episodes of what doctors call urgency – the sudden need to urinate – often accompanied by incontinence (the leakage of urine) and frequency (the need to urinate eight to ten or more times per 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 [www.CRBESTBUYDRUGS.org](http://www.CRBESTBUYDRUGS.org).

Overactive bladder and related incontinence are very common. Some 15 to 20 million people in the U.S. are afflicted. That includes one in four women and one in ten men aged 65 or older. The problem worsens as people get older.

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

- (1) An overwhelming and sudden need to urinate even if you've just gone to the bathroom
- (2) Leakage of urine before you are able to make it to a bathroom (about half of people with overactive bladder have urge-related leakage)
- (3) The need to make frequent trips to the bathroom with passage of small amounts of urine each time
- (4) Feeling an urge to urinate when you wash your hands or hear running water
- (5) Getting up more than twice a night to urinate

Another major bladder disorder that involves incontinence can sometimes be confused with overactive bladder. This is called “stress incontinence.” This malady is characterized by the involuntary loss of urine when coughing, sneezing, running, jumping, or even laughing. It's caused by weakness of the muscles that help keep the bladder closed.

In addition, a bladder disorder called “overflow incontinence” may have symptoms similar to overactive bladder. This is usually caused by an obstruction that does not let all the urine be expelled.

To complicate things further, some people have a combination of overactive bladder and stress incontinence. Also, a host of other conditions can cause symptoms (especially urinary frequency) that mimic overactive bladder. This includes heart disease, stroke, Parkinson's disease, multiple sclerosis, heart failure, heart attack, diabetes, and spinal cord injury.

In addition, urgency, incontinence, and urinary frequency can be caused by urinary tract infections, kidney stones, prostate infection or enlargement, or the medicines you take to treat other conditions (such as high blood pressure). Indeed, the first thing your doctor may ask if you are having urinary problems is what medicines you are taking.


Sorting all this out and getting an accurate diagnosis is quite important because the different bladder disorders and kinds of incontinence are treated differently.

Though not life-threatening, overactive bladder is inconvenient, can be embarrassing, disrupt sleep, and markedly reduce your quality of life. Even when moderate, for example, people are often afraid to leave the house, or are unable to sit through a meeting, a dinner out, or a movie.

Unfortunately, many people hesitate to seek treatment because they think their symptoms are a normal part of aging. That's a mistake. In fact, overactive bladder is not normal, is quite treatable, and treatment can significantly ease your symptoms and improve your quality of life. If you have strong urinary urgency, leakage, or if you have to urinate eight or more times per day, see a physician.

The medicines we evaluate in this report are:

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



All these medicines 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 could be available in the fall of 2006 or in 2007. Longer-acting or extended-release formulations of both oxybutynin and tolterodine are now available as well, but not yet as generics. Both of those extended-release formulations (Ditropan XL and Detrol LA) have been widely advertised to consumers. The oxybutynin patch (Oxytrol) became available in 2003. The last three drugs listed above were approved in 2004, so are relatively new.

Other prescription medicines have been used in the past to treat the symptoms of overactive bladder. Among these 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 overactive bladder and we don't advise their use for that purpose.

Non-drug treatments are available, too, and can be very helpful. Indeed, they are usually (and should be) recommended before drugs for many people with overactive bladder and incontinence. The most important treatments are behavioral and physical techniques which help you control your bladder function. Doctors often call this "bladder training." For example, you may 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 you use to control urination. If necessary you can go to Kegel classes or clinics. Doing Kegels takes 15 to 30 minutes a day. You'll also be instructed to cut back on certain drinks and foods, including caffeinated, carbonated, citrus, and alcoholic beverages, and to drink less between dinner and bedtime.

Studies show that these self-help treatments and lifestyle adjustments, when practiced diligently, can be very successful. They can reduce the urge to urinate, decrease frequent urination, and restore a sense of control in the majority of people who master them. Around 80 percent of people have a reduction in the number of incontinence episodes, and up to 25 percent have a complete cessation of their symptoms.

Many Web sites contain helpful guidelines on bladder training and Kegel exercises. If you type "overactive bladder" or "incontinence" into your preferred search engine, you'll find them pretty quickly. Warning: beware the sponsored sites of drug companies; those mostly tout their products.

Certain high-tech techniques are also an option in treating overactive bladder and incontinence. The most notable is electrical stimulation of the nerves that control the bladder. This involves minor surgery and is expen-

sive, but has proved effective for people who have not responded to any other treatment.

Other effective treatments for severe overactive bladder include: (a) sacral nerve stimulation, in which a tiny wire is surgically inserted near the buttocks to stimulate and calm the bladder nerves, and (b) the injection of Botox into the bladder. In some severe cases, and usually for nursing home patients or home-bound elderly people only, a catheter can be inserted in the bladder, permitting continuous drainage. More commonly, however, pads or adult diapers are used in nursing home patients.

Some doctors also may prescribe an estrogen-containing vaginal cream or ring, for use once or twice a week. The cream is applied just inside the vagina. There isn't any evidence this works as a treatment for incontinence, but it is widely used. Some older women may be using such creams anyway to relieve vaginal dryness associated with menopause. So, any reduction in incontinence would be an added benefit. Studies have shown that hormone pills are *not* an effective treatment for incontinence, and should not be prescribed for this purpose.

*This report was released and last updated in September 2006.*



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

The five 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 you have only mild to moderate overactive bladder, with rare to occasional "accidents," your doctor is likely to recommend that you try the non-drug measures mentioned on page 4 before you try a medicine. If these measures alone don't work, your doctor may suggest you also try one of the drugs we discuss.

Here are a few simple criteria to identify whether you have mild overactive bladder:

- Your urges to urinate are tolerable
- You need to hurry to the bathroom but perhaps not literally 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 be highly dependent 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 per day – it's more likely that your doctor will prescribe a medicine along with a strong recommendation for non-drug treatment.

Most important, combining non-drug measures and medicines works better than either alone if you do have more serious overactive bladder or if your symptoms worsen over time.

Many doctors are hesitant to prescribe drugs for overactive bladder because of the risk of side effects. Dry mouth and constipation are common, and can be very annoying and for some people quite severe. Blurred vision and mental confusion can also occur, especially in older people. 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 any other form of dementia (for example, after a stroke), your doc-

tor may be very reluctant to prescribe an overactive bladder medicine. We'd go a step further and suggest 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.

Overall, more than half of patients taking an overactive bladder drug stop taking it within six months. Indeed, some studies find 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 "drop-out." Some of this drop-out is for a good reason: behavioral and non-drug measures have been successful at reducing their symptoms, so the drug is no longer needed. Some drop out may be due to cost, especially for people taking the newer, more expensive drugs. But about a third to half of the drop-out is due to side effects – when patients simply can not tolerate the drug or judge it to be not worth the minimal benefit they get.

The companies that make and sell overactive bladder medicines have tried hard to reduce side effects to increase patients' adherence to treatment. Ordinarily we would concur that staying on your medicine is important for your health. With overactive bladder medicines, however, many doctors and experts believe that the often marginal benefits of these medicines are not worth it when patients have bad side effects.

That said, if your doctor agrees you have a bad enough case of overactive bladder with incontinence to warrant trying one of these medicines, the risk of side effects shouldn't stop you. People respond to these drugs in different ways; you may tolerate the drug well and be able to adapt to the side effects.

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

## Choosing a Drug for Overactive Bladder – Our *Best Buy* Picks

The overactive bladder drugs are effective, but only moderately so. Only a small proportion of patients get complete relief from symptoms. But most can expect some relief – a decrease in the number of times per day they feel a strong urge to urinate, and a decline in the number of leakage episodes.

Specifically, you can expect the number of times per day you need to urinate to decline by two to five, with 12 times per day being the average number of times people with overactive bladder have to urinate each day. Similarly, if you have incontinence, you can expect the number of episodes to decline by one to two per day – for example from four episodes per day to two.

There is, of course, variation in the reduction of urges, urinary frequency, and leakage. As mentioned above, people respond to the overactive bladder drugs differently (as is true with almost all drugs). Some will get a substantial reduction in symptoms while other people get barely any relief. The only way to know how you will respond is to try one of the medicines. Also, keep in mind that you may have to take the medicine for up to four weeks before you experience some symptom relief.

Each of the five drugs has strengths and weaknesses. But, overall, the few studies that have compared

one, two, or more of the drugs to 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 changes in 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 modest success of the overactive bladder drugs, with a wide range of individual response. So, again, depending on your own body chemistry and response, you may get a meaningful decrease in urgency or very little change.

The drugs do 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 extended release forms of oxybutynin (Ditropan XL) and tolterodine (Detrol LA) and the oxybutynin patch (Oxytrol) do pose less risk of side effects than the shorter-acting pills. The three newer drugs also cause fewer side effects.

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

Table 1 on page 10 presents some of the key strengths and weaknesses of each drug. All the overactive bladder drugs have rates of side effects and treatment drop-out 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 144 studies on overactive bladder drugs. The studies were con-



ducted between 1966 and 2005. There's more information on page 13 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 Best Buy Drugs* to treat overactive bladder:

- *Tolterodine (Detrol)* – two pills per day
- *Tolterodine extended release (Detrol LA)* – one pill per day
- *Trospium (Sanctura)* – one pill per day
- *Oxybutynin patch (Oxytrol)* – two patches per week

The short-acting form of tolterodine (Detrol) has enough of an advantage in terms of fewer side effects and less treatment drop-out to justify its choice as a *Best Buy* and its extra cost over generic oxybutynin. Detrol is also almost never prescribed for use more than twice a day whereas oxybutynin needs to be taken three times a day by some people to yield the same effect as twice-a-day Detrol. That's a convenience factor for many seniors who take multiple medicines per day.

Detrol LA's lower risk of side effects, growing track record, and once-a-day convenience justifies its choice. If you have health insurance or Medicare drug coverage (Part D or you are in a Medicare Advantage plan), Detrol's cost to you should not present too much of a burden. However, it may carry a higher co-pay than generic oxybutynin.

We choose Trospium (Sanctura) as a *Best Buy* because it has fewer side effects than Detrol or Detrol LA and is priced well compared to the other recently approved drugs – but only if you respond to one 20mg pill a day. The recommended dose of this medicine is two 20mg pills a day but doctors have noticed that some people do well taking one pill. If your symptoms continue on one pill, we would advise talking to your doctor about trying Detrol or Detrol LA.

The Oxytrol patch is a *Best Buy* option for people who have trouble taking their pills. It poses less risk of side effects. But, it's only a *Best Buy* if you get a









meaningful benefit using *just two patches a week*. Otherwise, use of the patch gets expensive. There's emerging indication that many users have had to use a new patch every other day instead of every three to four days. Also be aware: in some studies, 10% to 15% of people who used the patch had skin irritations that led them to stop using the medicine or switch to a pill.

If cost is a major issue for you – for example, if you have no health insurance – we advise that you talk with your doctor about trying low-cost generic oxybutynin first. Some people tolerate it well and have few side effects, and it is certainly the least expensive overactive bladder medicine at \$20 to \$29 for a month's supply. If the side effects bother you, however, you may have to try one of the other medicines.

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

Generic Name	Brand Name	Strengths	Weaknesses/Problems
Oxybutynin (Short-acting)	Ditropan	<ul style="list-style-type: none"> <li>- On the market longest</li> <li>- Generic available</li> <li>- Well known by doctors</li> <li>- Many studies verify its effectiveness</li> <li>- Good for people who need an overactive bladder pill only intermittently</li> </ul>	<ul style="list-style-type: none"> <li>- 2 to 3 pills a day</li> <li>- Highest rate of side effects, including dry mouth and constipation. More severe dry mouth reported in most studies.</li> </ul>
Oxybutynin (Extended release)	Ditropan XL	<ul style="list-style-type: none"> <li>- Derived from drug that has been longest on the market</li> <li>- Needs to be taken just once a day</li> </ul>	<ul style="list-style-type: none"> <li>- Relatively high rate of side effects, but lower than with short-acting version of oxybutynin</li> <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. Patch changed every two to three days</li> <li>- Lower rate of dry mouth and constipation compared to oxybutynin pill</li> </ul>	<ul style="list-style-type: none"> <li>- Irritation at site of patch common; can be severe</li> <li>- Slightly less effective than pill, according to most studies</li> </ul>
Tolterodine (Short-acting)	Detrol	<ul style="list-style-type: none"> <li>- Fewer side effects, especially dry mouth and constipation than oxybutynin (short or long-acting)</li> </ul>	<ul style="list-style-type: none"> <li>- Taken twice a day</li> <li>- Some studies found it slightly less effective than oxybutynin; others found them about equal.</li> </ul>
Tolterodine (Extended release)	Detrol LA	<ul style="list-style-type: none"> <li>- Taken once a day</li> <li>- Fewer side effects compared to oxybutynin and short-acting Detrol</li> </ul>	<ul style="list-style-type: none"> <li>- More expensive than generic short-acting tolterodine or oxybutynin</li> </ul>
Tropium	Sanctura	<ul style="list-style-type: none"> <li>- Lower rate of constipation than either Ditropan or Detrol</li> <li>- Some studies indicate more success at reducing leakage.</li> </ul>	<ul style="list-style-type: none"> <li>- Two doses per day needed for some people.</li> <li>- Less research on effectiveness and safety than with oxybutynin and tolterodine</li> </ul>
Solifenacin	Vesicare	<ul style="list-style-type: none"> <li>- Taken once a day</li> <li>- Lower rate of constipation in some comparison studies.</li> <li>- Some studies found it more potent at controlling urgency.</li> </ul>	<ul style="list-style-type: none"> <li>- Less research on effectiveness and safety than with oxybutynin and tolterodine.</li> <li>- More expensive</li> </ul>
Darifenacin	Enablex	<ul style="list-style-type: none"> <li>- Taken once a day</li> <li>- One study suggests it causes less mental confusion</li> </ul>	<ul style="list-style-type: none"> <li>- Least amount of evidence available compared to other drugs.</li> <li>- More potential to interact with other drugs.</li> <li>- More expensive</li> </ul>

**Table 2. Cost of Drugs to Treat Overactive Bladder**

Generic Name and Dose	Brand Name(s) <sup>1</sup>	Frequency of Use Per Day <sup>2</sup>	Average Monthly Cost <sup>3</sup>
Oxybutynin 5mg	Ditropan	Two	\$79
Oxybutynin 5mg	Generic	Two	\$20
Oxybutynin 5mg	Ditropan	Three	\$118
Oxybutynin 5mg	Generic	Three	\$29
Oxybutynin extended release 5mg	Ditropan XL	One	\$122
Oxybutynin extended release 10mg	Ditropan XL	One	\$123
Oxybutynin extended release 15mg	Ditropan XL	One	\$127
 Oxybutynin skin patch 3.9mg/24hrs	Oxytrol	See note <sup>4</sup>	\$115-\$170 <sup>4</sup>
 Tolterodine 1mg	Detrol	Two	\$138
 Tolterodine 2mg	Detrol	Two	\$138
 Tolterodine extended release 2mg	Detrol LA	One	\$119
 Tolterodine extended release 4mg	Detrol LA	One	\$120
 Trospium 20mg	Sanctura	One	\$58
Trospium 20mg	Sanctura	Two	\$116
Solifenacin 5mg	Vesicare	One	\$121
Solifenacin 10mg	Vesicare	One	\$121
Darifenacin 7.5mg	Enablex	One	\$116
Darifenacin 15mg	Enablex	One	\$116

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

2. As commonly or typically prescribed

3. Prices reflect nationwide retail average for May 2006, rounded to the nearest dollar. Prices are derived by *Consumer Reports Best Buy Drugs* from data provided by Wolters Kluwer Health, Pharmaceutical Audit Suite.

4. The manufacturer's recommendation is to change the patch every three to four days but some people may need a new patch every other day to get a meaningful benefit. The price range reflects that variable use.

## 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 your doctor and you arrive at a decision about whether you need an overactive bladder medicine and, if so, which one is best for you.

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

Many people (including many physicians) also believe that newer drugs are always or almost always better. While that's a natural assumption to make, the fact is that it's not true. Studies consistently show 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 versus older medicines, including generic drugs.

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

Generics are almost always 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 today about half of all prescriptions in the U.S. are 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 for this:

- First, if you see several doctors, they may not always tell each other which drugs have been prescribed for you.
- Second, it is very common for doctors today to prescribe several medicines for you before finding one that works well or best, mostly because people vary in their response to prescription drugs.
- Third, more and more people today take several prescription medications, nonprescription drugs and supplements all at the same time. Many of these interact in ways that can be very dangerous.
- And 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 list of the drugs you are taking, both prescription and nonprescription and including dietary supplements.

Always be sure, too, 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 the pharmacy, or if you get it by mail, you may want to check to see that the dose and the number of pills per day on the pill bottle 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 the medicines used to treat overactive bladder. A team of physicians and researchers at 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 14-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 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 the overactive bladder drugs is available at <http://www.ohsu.edu/drugeffectiveness/reports/final.cfm>. (This is a long and technical document written for physicians.)

Our analysis also relied on the results of a systematic review of the overactive bladder drugs conducted in 2005 by RegenceRx in Portland Oregon. Regence Rx is an affiliate of The Regence Group, which owns and operates Blue Cross and Blue Shield plans in Idaho, Oregon, Utah, and Washington. In addition, we consulted recent reviews and articles published in

the medical literature and material available online from reputable sources.

The drug costs we cite were obtained from a health-care information company which 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 May 2006.

Consumers Union and *Consumer Reports* 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
- Have an average price for a 30-day supply that was not higher than the other overactive bladder medicines meeting the above criteria.

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

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*Consumer Reports Best Buy Drugs* is a public education project administered by Consumers Union. Two outside sources of generous funding made the project possible. They are a major grant from the Engelberg Foundation, a private philanthropy, and a supporting grant from the National Library of Medicine, part of the National Institutes of Health. A more detailed explanation of the project is available at [www.CRBestBuyDrugs.org](http://www.CRBestBuyDrugs.org).

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