

## Tolterodine

### A Viewpoint by Bernie Brenner

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For patients with mild or intermittent symptoms of overactive bladder, simple measures such as the avoidance of tea, coffee and alcohol, together with bladder training, may suffice in managing the condition. However, for the majority of patients other measures will be required. Options have included drug therapy, behavioural therapy, electrical stimulation and surgery.

Pharmacological therapy has provided the most successful management for most patients. Drugs which have been used include anticholinergics, antispasmodics, calcium channel antagonists and certain antidepressants.

Although these agents may markedly improve the symptoms of overactive bladder, unfortunately all are associated with adverse effects, which in many cases are intolerable and lead to discontinuation of therapy. Anticholinergic effects include

dry mouth, blurred vision, tachycardia, drowsiness and constipation. The antispasmodic/anticholinergic agent oxybutynin has been the most widely used agent in New Zealand. The most significant adverse effect is dry mouth and lingering bad taste. The calcium channel antagonist terodiline was withdrawn from the UK market when it was found to induce ventricular tachyarrhythmias. The antidepressant imipramine causes anticholinergic adverse events.

Tolterodine, a new competitive muscarinic antagonist, promises effective control for overactive bladder. Because it has greater selectivity for the bladder and a much lesser effect on salivary glands, the incidence of dry mouth is correspondingly reduced. No adverse ECG changes have been reported, and notably no particular tolerability problems have emerged in elderly patients.

With efficacy similar to that of oxybutynin but without the significant adverse effects, tolterodine is likely to be a very useful addition to the physician's armamentarium for the management of overactive bladder. ▲