Midurethral Sling May Aid Incontinence, QOL

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HOLLYWOOD, FLA. — Symptom and quality-of-life improvements were noted at 3-year follow-up by most of the women who received a midurethral sling to treat stress urinary incontinence.

Dr. John B. Gebhart reported the findings of the single-surgeon case series study at the annual meeting of the American Urogynecologic Society. Follow-up data were available for 73 of 113 patients who received the Uretex Urethral Support device, which was introduced in 2001 by CR Bard Inc. The company provided a research grant for the study.

Dr. Gebhart, a urogynecologist and reconstructive pelvic surgeon, and a member of the obstetrics and gynecology faculty at the Mayo Clinic, Rochester, Minn., initiated the study in 2002. He or his surgery fellow implanted the Uretex device in 113 women with stress urinary incontinence.

Some of these patients also presented with pelvic organ prolapse or mixed incontinence with a predominant stress component; 16 of the 73 women (21%) had undergone prior surgery for incontinence and 43 patients (57%) had undergone prior surgery for pelvic organ prolapse. Patients’ mean age at follow-up was 63 years, mean body mass index was 30 kg/m², and median parity was 3.

At baseline and follow-up, researchers assessed history, performed a physical examination, and measured quality of life using the validated Urinary Distress Inventory–6 (UDI-6) and Incontinence Impact Questionnaire–7 (IIQ-7). Median scores on quality-of-life measures had significantly improved at follow-up compared with baseline, Dr. Gebhart said.

Also, all 73 women passed a cough stress test at a comfortably full bladder; 65 had no leakage during a leak point pressure test at 300 mL; and 62 participants had a negative 1-hour pad test.

Patients are not likely to feel sedated, become dependent, or feel “hungover”

- Rozerem is the only prescription insomnia medication that works with the body’s sleep-wake cycle to promote sleep and has not been associated with sedation.
- Clinical studies have shown no evidence of potential abuse, dependence, or withdrawal.
- Across several studies, no clinically relevant next-day residual effects were seen with respect to memory (Word List Memory Test), psychomotor performance (DSST), mood and feelings (VAS), or alertness and concentration (Post-sleep Questionnaire) when Rozerem was compared to placebo.

*Sustained efficacy has been shown over 5 weeks in clinical studies in adults and elderly patients. Rozerem is not a controlled substance. Acute or chronic abuse liability study showed no differences indicative of abuse potential between Rozerem and placebo at doses up to 20 times the recommended dose (10mg). Three 35-day insomnia studies showed no evidence of rebound insomnia or withdrawal symptoms with Rozerem compared to placebo.

*Patients should be advised to avoid engaging in hazardous activities such as operating a motor vehicle or heavy machinery after taking Rozerem.

Please visit www.rozerem.com

References:

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Visit www.rozerem.com/safetyconcerns to learn how Rozerem may be appropriate for a variety of patients with insomnia who have difficulty falling asleep.