DETROLA is the #1 prescribed brand for OAB*—
with BIG REDUCTIONS in OAB symptoms1,2

†Source: IMS Midas Global Sales Audit, Verispan longitudinal data, based on total prescriptions of DETROL and DETROL LA for OAB from April 1998 to August 2005.

‘Scratch Test’ Detects Carpal Tunnel Syndrome

BY PATRICE WENDLING
Chicago Bureau

TUCSON, ARIZ. — A novel test for diagnosing carpal and cubital tunnel syndromes was at least as accurate as conventional tests, according to the findings of a prospective, case-control study.

During the so-called scratch-collapse test, patients perform a simple resistive motor task, such as pressing their extended arms against a clinician, who then lightly scratches the site of peripheral nerve compression. The patient then immediately attempts to repeat the motor task. If the test is positive, there is a brief loss of proximal postural stability, or “collapse,” in the arm, Dr. Christine Cheng explained at the annual meeting of the American Association for Hand Surgery.

The test was developed by San Diego orthopedic surgeon Dr. John Beck, based on observations of postural stimulation and muscle control in patients with Parkinson’s disease. The exact mechanism is not fully understood. But it is hypothesized that the test is detecting a short circuit or delay in the proximal muscles, said Dr. Cheng of Washington University, St. Louis.

She presented data from a prospective study in which 169 patients and 109 controls were evaluated for carpal and cubital tunnel syndromes using Tinel’s sign, Phalen’s test, elbow flexion, and the scratch-collapse test. Electrophysiologic studies were used to confirm the diagnosis.

Sensitivity of the scratch-collapse test in subjects with carpal tunnel syndrome was 73%, compared with 37% for Tinel’s sign and 47% for Phalen’s test. Specificity was 62%, 77%, and 60%, respectively. Accuracy was 72%, 47%, and 54%.

Sensitivity of the scratch-collapse test in subjects with cubital tunnel syndrome was 83%, compared with 63% for Tinel’s sign and 54% for elbow flexion. Specificity was 82%, 86%, and 81%, respectively. Accuracy was 82%, 77%, and 69%.

A 12-week, placebo-controlled Registration Study.
(See full study description on next page.)

A post hoc analysis of the Registration Study.
(See full study description on next page.)

DETROL LA is indicated for the treatment of overactive bladder with symptoms of urge incontinence, urgency, and frequency. DETROL LA is contraindicated in patients with urinary retention, gastric retention, or uncontrolled narrow-angle glaucoma and in patients who have demonstrated hypersensitivity to the drug or its ingredients. Patients with the following conditions should be treated with caution: renal impairment, bladder outflow obstruction, gastrointestinal obstructive disorders, controlled narrow-angle glaucoma, and significantly reduced hepatic function. Dry mouth was the most frequently reported adverse event (DETROL LA 23% vs placebo 8%); others ≥4% included headache (DETROL LA 6% vs placebo 4%), constipation (DETROL LA 6% vs placebo 4%), and abdominal pain (DETROL LA 4% vs placebo 2%).

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