OXYPHOTYNIN PER RECTUM - FEWER SIDE EFFECTS AND SUSTAINED PLASMA LEVELS

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INTRODUCTION - oxybutynin has anticholinergic side-effects which limit its use; giving it rectally reduces first pass metabolism, and may lower levels of the anti-cholinergic metabolite, desethyl oxybutynin, giving fewer side effects.

METHODS - a randomized open study of cross-over design on 20 volunteers with point estimates of serum concentration of oxybutynin and metabolite for 12 hours after oral and rectal administration; questionnaire recording frequency, duration and severity (1-mild, 2-moderate) of side effects.

RESULTS - oral administration gave an early peak and rapid decline in both drug and metabolite; peak level of metabolite was 6 times that of oxybutynin; rectal route gave a slow rise to a sustained plateau without a true peak, and a mean level of metabolite only 5 times that of parent drug (Table).

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<tr>
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<th>Oxybutynin</th>
<th>Desethyloxybutynin</th>
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<tbody>
<tr>
<td>Oral</td>
<td>Peak ng/ml</td>
<td>13.5 +/-11</td>
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<tr>
<td></td>
<td>Time mins</td>
<td>46 +/-22</td>
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<tr>
<td>Rectal</td>
<td>Peak ng/ml</td>
<td>1.38 +/-0.5</td>
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<td></td>
<td>Time mins</td>
<td>240</td>
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Dry mouth was more frequent (7 subjects vs. 2), more severe (7 grade 2 vs. 0 grade 2), began earlier (at 80 vs. 100 mins) and lasted longer (until 600 vs. 480 mins) after the oral dose.

CONCLUSION - rectal oxybutynin gives lower metabolite levels (absolute and relative) and less side-effects than oral. It may offer an alternative for patients intolerant of oral drug.

The likelihood of non-urological symptoms did not correlate statistically with advancing age. Anaemia was frequently (35%) of microcytic hypochromic type. 35% of hypertensives were newly diagnosed. Survival correlated significantly with clinico-pathological stage but not age.

Conclusions: Renal cell carcinoma should be considered in elderly patients with malaise or weight loss especially in the context of anaemia or hypertension. We found no evidence that older patients were more likely to present in a non-specific manner or that their survival was poorer on the basis of age alone.

RELATIONSHIP OF PLATELET ADHESION, FIBRINOGEN AND CHOLESTEROL TO BLOOD PRESSURE IN ELDERLY VOLUNTEERS

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Introduction. Although increasing BP even within the normal range is associated with an increased risk of cardiovascular disease (CVD), the pathophysiological mechanisms underlying the association are not clear. It has been suggested that other risk factors are present to a greater degree as BP increases. The aim of this study was to examine the relationship of platelet adhesion, fibrinogen and cholesterol to BP in healthy elderly adults.

Methods. Healthy volunteers aged >60y were screened to exclude those with a history of CVD, known hypertension or taking aspirin. Subjects underwent clinical BP measurement on 3 occasions, 24-h BP monitoring, venesection or platelet adhesion studies, lipids and fibrinogen levels. Platelet adhesion to collagen coated and plastic wells was assessed.

Results. 34 patients aged 72 ± 5 (range 60-86) with clinic SBP 141 ± 16 mmHg (100-170 mmHg) and DBP 85 ± 7 mmHg (70-100 mmHg) and 24-h SBP 133 ± 12 (113-160 mmHg) and 24-h DBP 76 ± 7 mmHg (55-99 mmHg) were studied. 15 (44%) of subjects had clinic SBP >160 and/or DBP >90 mmHg. There was a significant inverse association of daytime SBP with platelet adhesion to collagen (r=-0.43, p=0.05); fibrinogen (r=-0.51, p=0.009) and LDL cholesterol (r=-0.54, p=0.005). On adjusting for age and body mass index, a significant inverse relationship between fibrinogen (coefficient -18.9, p=0.003) and LDL cholesterol (coefficient -6.0, p=0.02) with daytime SBP persisted.

Conclusion. In healthy elderly persons there was no evidence of increasing platelet adhesion, fibrinogen or LDL cholesterol with increasing BP levels despite 44% of patients having BP in the ‘hypertensive range'.