

John Bell (p 1041) analyses the current status of research in the United Kingdom. After a golden era during the 1970s, a shift towards laboratory and molecular research has reduced the number of clinical trials. Lack of funding, facilities, and trained scientists; medicolegal issues; and inconsistent use of opportunities in the NHS are affecting the ability to deliver good clinical research. Three accompanying editorials show

that the way forward is through revitalising academic medicine. Clark and Smith (p 1001) launch a campaign to promote academic medicine, Bhutta (p 1000) provides a perspective from the developing world, and Stewart (p 999) calls for immediate action in the United Kingdom, where the NHS trusts are assessed mainly by clinical performance with no mention of research.

## POEM\*

### Oxybutynin is preferred to tolterodine for overactive bladder

**Question** Is extended release oxybutynin or tolterodine more effective and tolerable in women with an overactive bladder?

**Synopsis** Overactive bladder is characterised by symptoms of urinary urgency, and frequent micturitions with or without involuntary loss of urine (urge incontinence). This randomised controlled (double blinded) study, conducted in 71 centres in the United States, enrolled 790 older women with 21 to 60 urge urinary incontinence episodes per week and who urinated 10 or more times per day. Almost half the women had previously been treated with an anticholinergic. The study did not include a placebo control arm and allocation concealment was not documented. The women randomly received extended release oxybutynin (Ditropan XL) 10 mg per day or extended release tolterodine (Detrol LA) 4 mg per day for three months. The women kept 24 hour diaries for seven days at baseline and during weeks 2, 4, 8, and 12 of treatment. The average number of weekly urinary urge incontinence episodes was not different between the two groups, decreasing from approximately 37 to 11 per week in each group. There was also no difference in the decrease of average number of total incontinence episodes between the two groups, dropping from approximately 43 to 13 per week. More women treated with oxybutynin reported no incontinence episodes in their last week of treatment (23% v 17%; number needed to treat = 16). Dry mouth was reported by 30% of women receiving oxybutynin and 22% of those receiving tolterodine, though most episodes were characterised as mild.

**Bottom line** After three months of treatment, approximately 1 in 4 women receiving extended-release oxybutynin and 1 in 6 women receiving extended-release tolterodine will be completely continent. Overall, both drugs similarly decreased the number of episodes of urge incontinence and total incontinence. Oxybutynin caused more reports of dry mouth. These results are similar to those seen with immediate release forms of both drugs.

**Level of evidence** 1c (see [www.infoPOEMs.com/resources/levels.html](http://www.infoPOEMs.com/resources/levels.html)); all or none randomised controlled trials

Diokno A, Appell RA, Sand PK, et al. Prospective, randomized, double blind study of the efficacy and tolerability of the extended-release formulations of oxybutynin and tolterodine for overactive bladder: results of the OPERA trial. *Mayo Clin Proc* 2003;78:687-95.

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\* Patient-Oriented Evidence that Matters. See editorial (*BMJ* 2002;325:983)

## Editor's choice

### Reinvention starts here

If anyone doubts that academic medicine needs all the support it can get then articles in this week's journal should convince them. The centrepiece is a report from the Academy of Medical Sciences on the woeful state of clinical research in the United Kingdom (p 1041).

Some of the problems relate to funding. But what's more corrosive than lack of money is the apparent abandonment of the belief in the value of academic medicine. The full explanation of this fall from grace is unclear, but Jocelyn Clark and Richard Smith provide some clues in their editorial (p 1001). This may be the right time to ascertain what the world wants from academic medicine and then set about finding the best ways to deliver it. Firstly, however, the world will need to be reminded of the benefits that academic medicine has already delivered.

In a paper providing support for the academy's assertions Iain Chalmers and colleagues chart the falling numbers of randomised controlled trials funded by the United Kingdom's major non-commercial funding agencies, most notably the NHS research and development programme (p 1017). In his editorial on how to improve clinical research, Paul Stewart argues that the first step should be a critical assessment of this programme. The NHS was meant to spend 1.5% of its turnover on clinical research but has yet to achieve this target (p 999).

Elsewhere in the journal there are numerous indications of the problems that may arise when assessments of new clinical interventions are left entirely in the hands of their manufacturers. Industry sponsored clinical studies are twice as likely to have positive qualitative conclusions about costs than studies sponsored by non-profit organisations (p 1006). Last week the *Lancet's* editor, Richard Horton, provoked howls of protest from AstraZeneca when he criticised the clinical trials of its new statin for "weak data," "adventurous statistics," and "blatant marketing dressed up as research" (p 1005).

And as we went to press the Cochrane Collaboration was deciding whether it should accept industry funding of its reviews. At its meeting, participants shared stories of being offered cash for good reviews by drug companies (p 1005).

Good deeds in a naughty world are rare this week, but Léon Schwartzberg's life was full of them, as his obituary shows (p 1052). "Servant of social justice" he may have been; fully paid up member of the awkward squad (or whatever the French equivalent is) he certainly was.

Our recent theme issue on "What is a good death?" sparked off a flurry of responses, from which we publish a selection this week. Akheel A Syed's description heads the list: "A good death is like the final chapter of a good book: it wraps up the story of 'life' with panache; is physically, emotionally, and spiritually satisfying to the author (the deceased) and the readers (kith and kin); and leaves no loose ends to be explained in a sequel" (p 1047).

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