

LEADING UROLOGY EXPERTS CALL FOR BETTER RECOGNITION AND TREATMENT OF NOCTURIA

GREAT DAYS START WHEN NOCTURIA STOPS

Montreal, Canada, September 1, 2005 – The world’s leading urology experts have joined forces at a major international meeting to highlight the importance of recognising and treating nocturia, one of the most common causes of sleep disturbance¹. Data presented in a satellite symposium at the 35th Annual Meeting of the International Continence Society (ICS) in Montreal, Canada, confirmed the benefits of MINIRIN[®] (desmopressin) in the treatment of nocturia.

In the NOCTUPUS Phase III trial programme, involving 670 patients, desmopressin significantly increased the proportion of patients with a greater than 50% reduction in nightly voids compared with placebo. The treatment significantly increased the first sleep period duration, allowing patients to have a better night’s sleep^{2,3}.

Nocturia – the need to wake at night one or more times to void (urinate) – is a disruptive and under-recognised condition affecting two-thirds of people aged 50–59 worldwide. This equates to around 40 million adults in Europe alone⁴. Traditionally seen as a male problem, nocturia affects women to a similar extent⁵. There are considerable indirect economic costs attributable to nocturia.

Nocturia has only recently begun to be recognised as a medical condition in its own right rather than a symptom of some other disorder⁶. It is defined by the International Continence Society (ICS) as the complaint that an individual has to wake at night one or more times to void (urinate)⁶.

“Nocturia is a common problem but it can be treated” comments Professor Linda Cardozo, Professor of Urogynaecology, King’s College Hospital, London, UK. “By affecting the quality of sleep, nocturia causes problems such as daytime sleepiness, fatigue, poor quality of life, reduced work productivity and depression. This is distressing and disrupting not only for the patient but also for their family and friends.”

Desmopressin is the first treatment specifically licensed for nocturia in patients below the age of 65. Its antidiuretic action decreases the amount of urine produced during sleep, thereby increasing the time it takes for the bladder to fill. Desmopressin significantly increases the first sleep period period by 1 hour 45 minutes in men and by 2 hours in women – with more than 30% of patients using MINIRIN experiencing an undisturbed sleep of over five hours^{1,3}.

Desmopressin is the only treatment to be highly recommended in nocturnal polyuria by the International Consultation on Incontinence (ICI)⁷.

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About nocturia

Nocturia is a multifactorial condition with a range of causes that include cardiovascular disease, reduced bladder capacity, diabetes and psychological factors. Around 70% of nocturia cases are attributed to nocturnal polyuria⁸ – the overproduction of urine at night.

About desmopressin

Desmopressin works in a similar way to the body's own physiological system for concentrating urine. It is a synthetic analogue of the human 'antidiuretic hormone' vasopressin capable of decreasing urine production and delaying the need to urinate by mimicking the effect of vasopressin.

Desmopressin is currently available in over 40 countries worldwide. In addition to being indicated for the treatment of nocturia in patients below 65 years of age it is also indicated for the treatment of primary nocturnal enuresis (PNE) and diabetes insipidus.

About Ferring:

Ferring is a Swiss-based research driven, speciality biopharmaceutical group active in global markets. The company identifies, develops and markets innovative products in the areas of endocrinology, gastroenterology, gynaecology, infertility and urology.

In recent years Ferring has expanded beyond its traditional European base and now has operating subsidiaries in over 40 countries.

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References

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- ¹ Asplund R et al. BJU Int 2004;93:1253–1256.
 - ² Lose G et al. Am J Obstet Gynecol 2003; 189:1106-1113.
 - ³ Mattiasson A. BJU Int 2002; 89:855-862.
 - ⁴ Blanker M et al. J Urol. 2000;164(4):1201-1205.
 - ⁵ Lose G et al. Am J Obstet Gynecol 2001;185(2):514-521.
 - ⁶ Van Kerrebroeck P et al. Neurourol Urodynam 2002;21(2):179-183.
 - ⁷ Andersson K-E et al. BJU Int 2002;90(Suppl 3):25-27.
 - ⁸ Swithinbank L et al. BJU Int 2003;91(4):430.