



*“I want to walk to
the bathroom, not run.”*



“I want to do something about this.”

With DITROPAN XL,
maybe you can.

Once-a-day
DITROPAN XL[®]
(oxybutynin chloride) Extended-release
tablets 5, 10, 15 mg

Once-a-day DITROPAN XL has been shown to reduce sudden urges, frequent bathroom trips and wetting incidents, all day and all night. While DITROPAN XL may help you, keep in mind that results vary from patient to patient.

See accompanying Product Information.
See enclosed Important Safety Information.

Now you can do something about your overactive bladder.



“I went from pantyliners to pads. I don’t even want to think about what’s next.”

It’s something 1 in 5 women over 40 suffer from.

Maybe it’s the frequent bathroom visits, or maybe it’s the “just in case” pantyliners you’ve started carrying. Perhaps it’s the lack of sleep, or the constant need to make little excuses.

But whatever the symptoms, let’s be honest, something has been urging you to get help. And it may be your bladder.

You see, you may have a condition that affects one in five women over 40 – overactive bladder (OAB). But there is good news. It can be easily treated.

See accompanying Product Information.
See Important Safety Information on back page.

The symptoms.

If you’ve experienced one or more of the following symptoms, you may have overactive bladder (OAB).

- Do you go to the bathroom eight or more times a day?
- Have you had a wetting incident? Are you afraid you might?
- Have you started wearing pantyliners “just in case”?
- Do you carry around extra underwear?
- Do you wear a lot of black “just in case”?
- Do you get strong, sudden urges you can’t ignore?
- Do you wake up two or more times a night to use the bathroom?

If, after reading this list of symptoms, you think you may have OAB, visit your doctor to discuss whether DITROPAN XL® (oxybutynin chloride) is right for you.

“I can’t remember when I last had a full night’s sleep.”



Understanding your overactive bladder.

OAB is not a normal part of aging. In fact, it's a treatable medical condition. This brochure is designed to help you learn more about bladder control problems, and how once-a-day DITROPAN XL® (oxybutynin chloride) may be able to help you.

Bladder control problems can occur when any part of the urinary system fails to function.

With a normal bladder, muscles contract and relax as intended. You go to the bathroom when your bladder is full.

With an overactive bladder, the bladder muscles contract involuntarily, making you feel like you have to go.

When this happens, the brain signals the body that the bladder is full (even though it may not be). In turn, you get a sudden, powerful urge to go and you may not be able to make it to the bathroom in time.



The muscles of a healthy bladder contract and relax normally .



The muscles of an overactive bladder may contract involuntarily, sending incorrect signals to the brain.



“Apparently, this is something millions of women deal with.”

Since there are other types of bladder control problems, including stress incontinence (an involuntary release of urine due to a physical activity like sneezing) and urinary tract infection (bacterial or viral infections in the urinary tract), only a healthcare professional can assess your bladder control problem and make a proper diagnosis.

Now that you have a better understanding of OAB, do something about it. See your healthcare professional, discuss your symptoms with him or her. If your doctor does diagnose you with OAB, ask him or her if DITROPAN XL is right for you.

See accompanying Product Information.
See Important Safety Information on back page.



“You think, wow, I’ve gotta do something.”

How DITROPAN XL® (oxybutynin chloride) can help.

DITROPAN XL is clinically proven to help 24 hours a day.

Once-a-day DITROPAN XL has been shown to reduce sudden urges, frequent bathroom trips and wetting incidents, all day and all night.

In a clinical study, patients who used DITROPAN XL experienced up to a 90% reduction in wetting incidents per week (from 16 to 2), versus patients taking a placebo who experienced a 51% reduction (from 21 to 11). These are patients known to be responsive to oxybutynin.

In the same study, DITROPAN XL reduced the use of pads from an average of 11.4 per week before DITROPAN XL, to 1.6 pads per week using DITROPAN XL. Overall, patients experienced a significant improvement in their overactive bladder symptoms.

How to get the most from your DITROPAN XL treatment.

For your convenience, DITROPAN XL is meant to be taken just once a day during your therapy. It's recommended that you take DITROPAN XL at the same time every day. Some patients experience relief after taking DITROPAN XL for just two weeks. Individual results may vary. So please be patient, stick to your therapy and stay in touch with your doctor.

“I can do something about this.”



Things you need to know about managing OAB.

DITROPAN XL should only be a part of your therapy to control OAB. Here's a list of other things you can do to control and help manage your condition.

Kegel exercises. These simple exercises can help you strengthen the muscles that help you stop urinating. Basically, you want to pretend you're trying to stop urinating midstream. Slowly tighten, lift and draw in the muscles that control urination for a count of about three to five seconds. Try not to squeeze your buttocks, abdomen or thigh muscles. Then rest for 10 seconds. Do at least 10 exercises per set and at least two sets a day. As your muscles get stronger, try to work up to 10-second holds. Be patient, you will get stronger.

Bladder retraining. The goal of this exercise is to lengthen the time between your bathroom visits. If you're going to the bathroom, say, every two hours, try increasing the time of your next visit by 15 minutes. Slowly build up the time between visits. By doing this, you'll actually decrease the number of times you go to the bathroom per day.

Dietary modifications. Limit or avoid foods that either make the body produce more urine (caffeine, chocolate, alcohol), or irritate the bladder (tea, cola, citrus fruit, spicy food and tomato-based products). Drink normal amounts of water spread out throughout the day (6 – 8 glasses). And restrict fluids before bedtime.

Medications. Many drugs, such as diuretics, sedatives, and even some over-the-counter cold medications, could affect your bladder. So be sure to discuss your medications with your doctor.

See accompanying Product Information.
See Important Safety Information on back page.

Your next steps.

How to talk to your doctor.

Talking about certain medical conditions, even to your doctor, can be embarrassing. However, when you weigh the discomfort of a few seconds of frank discussion with your healthcare professional versus the comfort you may feel when you've done something about your OAB, we think you'll see the obvious benefits.

Here are some things you can do before your next appointment with your doctor to make your visit as beneficial as possible:

- Keep a record of your symptoms for a day or two. Write down when and how often you've had to urinate, and any episodes of leakage or wetting incidents.
- Note the amount and types of liquids you drink each day.
- Complete the "OAB Checklist for your Doctor's Visit" on the next page. This will help guide your discussion and help your healthcare professional diagnose your bladder control problem.

And remember, when you visit your doctor, be prepared to discuss your symptoms frankly and openly. Don't worry about feeling embarrassed, after all, one in five women over 40 suffer from OAB. It's a common condition that your doctor has probably dealt with many times before.

See accompanying Product Information.
See Important Safety Information on back page.

OAB Checklist for Your Doctor's Visit:

To get the most out of your visit to the doctor, be sure to complete this checklist, then detach it and bring it with you.

- Do you have to urinate eight or more times in a 24-hour period?
- Do you get up two or more times a night to urinate?
- Do you often have strong, sudden urges to urinate?
- Do you have accidents before getting to the bathroom?
- Do you wear pads because you are unable to make it to the bathroom?

The prescription medications I currently take are: _____

The non-prescription medications I currently take are: _____

If you have any questions about your condition or treatment, discuss them with your physician. See accompanying Product Information.

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“Now you can do something.”

Important Safety Information

DITROPAN XL is generally well-tolerated. Common side effects were dry mouth, constipation, drowsiness, headache, blurred vision, dizziness, diarrhea, and nausea. In clinical tests, 6.8% of patients discontinued use due to side effects.

Heat stroke and fever due to decreased sweating in hot temperatures have been reported.

People with certain types of stomach, urinary, or glaucoma problems should not take DITROPAN XL. People who currently take medication for a gastrointestinal disorder or have had a gastrointestinal blockage, should discuss with their healthcare professional if once-a-day DITROPAN XL is right for them.

Tablets must be swallowed whole with the aid of liquids, and must not be chewed, divided, or crushed.

Please see enclosed full Prescribing Information.

For more information about DITROPAN XL visit our website at: www.DitropanXL.com



ORTHO UROLOGY
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