

## PREVALENCE OF UNDIAGNOSED OVERACTIVE BLADDER IN THE OUTPATIENT CLINICS.

### Introduction

Overactive bladder disease is diagnosed by the clinical symptoms of urgency and with or without urinary frequency, nocturia and urge incontinence. The diagnosis requires awareness of both doctors and patients, otherwise the diagnosis may be missed. The first complaint may not be the chief complaint due to the discrepancies of awareness of both patients and physicians (1). The lack of awareness can lead to underdiagnosis of overactive bladder disease.

### Aim of the study

To study the prevalence of undiagnosed overactive bladder( OAB ) disease in the outpatient clinic of general gynecology, urology, internal medicine, and general practitioner(GP) clinic in the hospitals in Bangkok, Thailand.

Study design : Descriptive, cross sectional study

### Materials and methods

During 16 September to 8 December 2009, 30 physicians ( 7 internists, 7 GP, 8 gynecologists, 8 urologists) were randomly selected from 15 hospitals in Bangkok, Thailand . After the random selection, they will be invited to participate in the study, ( 100 per cent response rate) .Four hundred and fifty patients (176 male and 274 female) were randomly selected at the outpatient clinics of each specialty during the study time period. The patients will be interviewed by the trained nurses as interviewers with a 3-page questionnaires ( OAB-V8 questionnaire (2) and additional questions regarding lifestyle and coping behaviors , few demographic , and general health questions). In cases of the total score more than 8 ( add 2 if male), they will be diagnosed as “ probable OAB”. After ending the treatment session of each patient, the diagnosis and plan of treatment by physicians will be recorded by our interviewers from the out patient records.

Sample size calculation was done using the prevalence of undiagnosed rate of OAB from pilot study in each special clinic using acceptable error of 0.05 and p value at 0.05 as the significant level

### Results

The mean+ SD of age are 61.7 +11.8 and 52.2+ 24.1 years . Most (91.6 %) were Thai, 6.9 % were Chinese and 1.6% were Laos and burmese . The prevalence of probable OAB is 37.8 %( 48.3% in male and 31.0 % in female). Only 12.4% of probable OAB was diagnosed by physicians ( **the overall prevalence of the undiagnosed rate is 87.6%**). The diagnostic rate of OAB in each specialist were: 8.0% in GP, 5.8 % in internists, 21.7 % in gynaecologists, and 12.8 % in urologists. Among undiagnosed cases, most were diagnosed as: having no problem 54.1%, stress incontinence 7.6 %, benign prostate hypertrophy 18.2%, and other urinary problems 7.7%. Among cases of probable OAB, only 55.9 % had previously discussed the urinary problems with doctors. The reasons for not discussing with the doctors are “do not know that it is problem” (53.3%), “not important” ( 25.3%), “believe it is a part of aging”( 16%), “think they can cope with problem” ( 6.7%) , and “ do not know which doctor to seek for treatment”( 2.7%).

### Interpretation of results

We found high undiagnosed rate of OAB in each site of outpatient clinic in Bangkok, Thailand. Most patients did not know that the OAB is problem . These reflected the unawareness of both physicians and patients.

### Concluding message

We found the high prevalence of undiagnosed OAB of 87.6% in patients visiting the outpatient clinic. The education to improve the awareness in both physicians and patients is required to improve the better diagnosis and treatment of overactive bladder disease.

### References

1. Marschall-Kehrel D, et al. Patient-reported outcomes in overactive bladder: the influence of perception of condition and expectation for treatment benefit. Urology. 2006;68(suppl 2A):29-37
2. Coyne KS, Zyczynski T, Margolis MK, Elinoff V, Roberts RG. Validation of an overactive bladder awareness tool for use in primary care settings. Adv Ther. 2005 Jul-Aug;22(4):381-94.

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<b>Is this a clinical trial?</b>	<b>No</b>
<b>What were the subjects in the study?</b>	<b>HUMAN</b>
<b>Was this study approved by an ethics committee?</b>	<b>No</b>
<b>This study did not require ethics committee approval because</b>	<b>There is no intervention and no treatment in this study that can cause the harmness to patient. All the questionnaire and answer</b>

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will be kept confidentially which are not interfered to the treatment by the physicians. We ask the permission of the study from the hospital authority and from each patient before the interview. The questionnaires will be checked and proved by the outpatient service hospital board committee before beginning the study.

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*Was the Declaration of Helsinki followed?*

Yes

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*Was informed consent obtained from the patients?*

Yes

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