

## ALIGNMENT BETWEEN PATIENTS WITH OVERACTIVE BLADDER AND THEIR PRIMARY CARE PRACTITIONER: REAL-WORLD OBSERVATIONS ASSOCIATED WITH PATIENT-REPORTED OUTCOMES

### Hypothesis / aims of study

It has been demonstrated that optimal communication between physician and patient is required for outcomes to be improved [1]. These needs have given rise to the concept of "patient-physician" alignment. It is hypothesized that a good alignment between overactive bladder (OAB) patients and their primary care practitioners (PCPs) has a direct and positive influence on the likelihood of the patient consulting a specialist healthcare professional (HCP) more frequently. Likelihood of referral is of interest as it has been demonstrated that patients who consult more often with specialist HCPs have been tested more thoroughly, are more motivated and more likely to have seen an improvement in their condition. This study uses data from a real-world study of OAB patients to define alignment through matched physician and patient data and correlate the quality of alignment with observed patient-reported outcomes.

### Study design, materials and methods

Data were drawn from Adelphi's Overactive Bladder Disease Specific Programme [2], a cross-sectional study of consulting patients in four European countries undertaken between September 2010 and January 2011. Physicians completed a patient record form (PRF) for 10 consecutive consulting adult OAB patients, and the same patients were invited to fill out a patient self-completion form (PSC). The PRF and PSC records included six directly comparable questions for which the possible responses from the patient and the physician are equivalent and which the authors suggest provide a measure of communication and therefore alignment. These include: perceived overall severity of OAB condition, perceived bother of symptoms, frequency of micturitions and leakages, impact of condition, non-drug therapy and level of compliance. A range of patient-reported outcomes including the validated questionnaires Euroqol-5D (EQ-5D) and the Overactive Bladder Questionnaire (OAB-q) were observed allowing analysis of the alignment between 938 OAB patients and their PCPs. Patients were asked to rate their satisfaction with current OAB therapy on a five-point scale (where 0 = very satisfied and 5 = very dissatisfied). Patients were also asked to indicate which of a list of HCPs they had consulted in the previous 3 months and how many times for each. Generalised Estimating Equation (GEE) regression models were used to model the relationship between outcomes and physician-patient alignment. Confounding factors were age, gender, body mass index and presence of a concomitant condition.

### Results

Demographics for the 938 patients included in the analysis are summarised in the following table.

Table: Patient demographics (n=938)

Gender	Female 77%	Male 23%
Age (mean)	64.2 years (SD +/-13.0)	65.8 years (SD +/-12.9)
BMI (mean)	26.8 (SD 4.4)	27.3 (SD 3.2)
Employed (full/part-time)	25%	28%
Unemployed	6%	4%
Retired	46%	63%
Homemaker	21%	0%

Analysis demonstrates that the better the alignment between patient and PCP, the higher the patient-reported frequency of consultation with specialist HCPs in the past 3 months (most aligned patients - mean consultations 0.55; least aligned patients - mean consultations 0.02,  $P < 0.05$ ), the higher the likelihood that the patient being satisfied with their current antimuscarinic therapy ( $P < 0.05$ ) and the higher their reported quality of life according to OAB-q (mean 76.6 versus 64.7,  $P < 0.05$ ) and EQ-5D (mean 0.79 versus 0.67,  $P < 0.05$ ).

### Interpretation of results

Alignment between patients and their PCP could be a contributory factor in the improvement of OAB treatment due to the association with patient-reported frequency of referral to specialist HCPs, satisfaction with current therapy and improved quality of life.

### Concluding message

This study suggests that PCP-patient alignment could be a contributory factor in the improvement of OAB as measured by patient-reported outcomes.

### References

1. Saba GW, Wong ST, Schillinger D et al. Shared decision making and the experience of partnership in primary care. *Ann Fam Med* 2006; 4:54-62
2. Anderson P, Benford M, Harris N et al. Real-world physician and patient behaviour across countries: Disease-Specific Programmes – a means to understand. *Curr Med Res Opin* 2008; 24(11):3063-3072

Disclosures

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