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**Title:** IMPACT OF OVERACTIVE BLADDER ON HEALTH-RELATED QUALITY OF LIFE IN CONTINENT VS INCONTINENT PATIENTS

**Aims of Study:**

Symptoms of overactive bladder (OAB), urinary urgency with frequency and nocturia, have been shown to have a significant impact on health-related quality of life (HRQL). While incontinence is a symptom of OAB, it is not a prerequisite to OAB's diagnosis or HRQL impact. The purpose of this study was to evaluate the impact of OAB in a national US sample.

**Methods:**

A validated US national telephone survey was undertaken to estimate the prevalence of OAB in a representative sample of adults. The sample was selected using a quota method to ensure US representation with regard to age, gender and region. A nested case-control study was conducted among a subset of OAB "cases" and a matched sample of controls to collect information as to the impact of OAB on HRQL. In a mail survey, an OAB-specific HRQL instrument, the OAB-q, was administered to evaluate HRQL. The OAB-q contains a symptom bother scale, four HRQL domain scales (coping, concern/worry, sleep, social interaction), and a total HRQL score. Descriptive analyses, ANOVAs, and t-tests were used to examine this data.

**Results:**

A total of 919 respondents (397 OAB cases and 522 controls) returned completed questionnaires (response rate = 58%). The mean age of cases and controls was 57 and 52, respectively, and women comprised 60.4% of the sample. The sample was primarily white with 15% minority respondents.

The scores from the OAB-q subscales were compared among continent OAB, incontinent OAB, and normal controls (Table 1). Both continent and incontinent OAB participants reported significantly more symptom bother and lower HRQL on all subscales except social interaction where continent OAB and normal control scores were very similar.

**Table 1: OAB-q Subscales by Group**

<b>OAB-q subscale</b>	<b>Control n = 522</b>	<b>Continent OAB n = 228</b>	<b>Incontinent OAB n = 169</b>	<b>p</b>
Symptom bother*	9.6	25.5	48.9	< 0.001
Coping	96.5	87.4	66.8	< 0.001
Concern/worry	96.9	86.8	66.0	< 0.001

Sleep	92.0	77.0	56.8	< 0.0 01
Social Interaction	99.2	95.5	85.6	< 0.0 01
HRQL total	96.3	86.7	68.3	< 0.0 01

\*Higher symptom bother scores indicate higher symptom bother ratings; higher HRQL scores indicate better HRQL.

The impact of nocturia on HRQL is presented in Table 2. More than one episode of nocturia per night led to significant increases in reports of symptom bother and decrements in all of the HRQL domains, particularly the sleep scale. Very little score difference was noted between “no episodes” versus 1 episode of nocturia on the OAB-q subscales (except in the sleep scale). Significant differences on OAB-q scores were detected when comparing >1 episode of nocturia versus ≤1.

**Table 2: Impact of Nocturia on HRQL**

OAB-q subscale	≤1 episodes per night n = 617	>1 episode per night n = 293	p
Symptom bother*	14.8	33.7	< 0.00 01
Coping	93.2	79.7	< 0.00 01
Concern/worry	92.7	80.4	< 0.00 01
Sleep	89.4	65.8	< 0.00 01
Social interaction	97.7	91.7	< 0.00 01
HRQL total	93.3	79.5	< 0.00 01

\*Higher symptom bother scores indicate higher symptom bother ratings; higher HRQL scores indicate better HRQL.

**Conclusions:**

Both continent and incontinent OAB lead to significant reductions in HRQL and increases in symptom bother. Thus, more than one episode of nocturia per night appears to have a much greater impact on symptom bother and HRQL.

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