

OAB: ARE WE GIVING WOMEN WHAT THEY WANT?

Hypothesis / aims of study

Overactive Bladder (OAB) syndrome, the symptom complex of urinary urgency with or without urge incontinence, usually with frequency and nocturia, is a common distressing condition which significantly impairs Quality of Life (1). Recent epidemiological studies have reported an 11.8% prevalence of OAB (2).

Cure is defined as a restoration to health or good condition. Whilst objective and subjective cure rates are essential in evaluating research there are limited data examining what patients with OAB regard as a solution to their troublesome lower urinary tract symptoms (LUTS) and therefore consider to be a "cure" (3). The primary aim of this study was to determine what women with OAB perceive as "cure" and to assess acceptability with regard to treatment. The secondary aim was to determine any relationship between symptom severity and patient expectations.

Study design, materials and methods

Women complaining of troublesome OAB symptoms were recruited prospectively from a urodynamic clinic in a tertiary referral urogynaecology unit. Prior to urodynamic studies assessment of LUTS was performed using the Kings Health Questionnaire whilst assessment of expectations regarding "cure" was performed using a specially designed questionnaire based on structured qualitative clinical interviews. This questionnaire included questions relating to what symptoms patients would find acceptable following treatment, what treatments they would find acceptable and for what duration of time, what side effects they would find tolerable and what their overall expectations were. SPSS (V 14, Chicago, Illinois) was used for statistical analysis. Correlation was performed using Pearsons coefficient.

Results

In total 47 consecutive women with OAB symptoms were recruited over a two month period. Their mean age was 47.2 years (Range 22-68 years) and mean duration of symptoms was 7 years (Range 4 months -38 years). Analysis of acceptability of treatment options (Table 1) and life style changes (Table2) are shown below. 62% patients expected to see a health professional on an annual basis while only 19% expected to be discharged after instituting treatment. In terms of tolerability of side effects of treatment, 49% were prepared to tolerate a dry mouth whereas only 28% and 13% would tolerate constipation and blurred vision respectively. 77% would be willing to pay £3/month (€4.5, \$6) for their prescription if they had to, whereas only 15% would do the same if it cost them £30/month (€45, \$60).. Acceptability of residual symptoms following treatment is shown in Table 3. The majority of patients (60%) expected to see an improvement in their symptoms to a point where they no longer interfered with their life while 15% expected a complete resolution of all symptoms. The most bothersome symptoms patients wanted to be cured of were urge incontinence (47%), urgency (21%), frequency (17%) and nocturia (11%). There was good correlation between worse QoL scores and willingness to pay more for prescription charges (Pearsons correlation coefficient 0.470, p=0.001), acceptance of antimuscarinic patches either forever (0.333, p=0.05) or on a prn basis (0.510, p=0.01), desire for annual medical review (0.359 p=0.05), willingness to give up tea(0.66 p=0.01) or lose weight (0.388, p=0.05) and greater tolerability of dry mouth (0.366, p=0.05) or nocturia (0.392, p=0.05)

Interpretation of results

These findings suggest that the majority of women have relatively realistic expectations regarding outcome and are willing to tolerate the inconvenience of minor LUTS. While most women are accepting of life style modifications long term therapy, particularly with tablets remains unpopular. It is not surprising that women with severely impaired QoL are more willing to tolerate long term treatment with associated side effects, as this implies that expectations are influenced by symptom severity.

Table 1: % Acceptability of treatment options

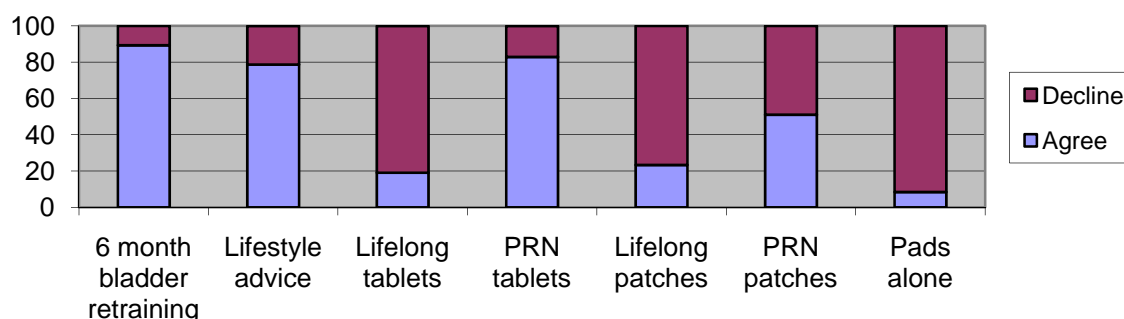


Table 2: % Acceptability of life style changes

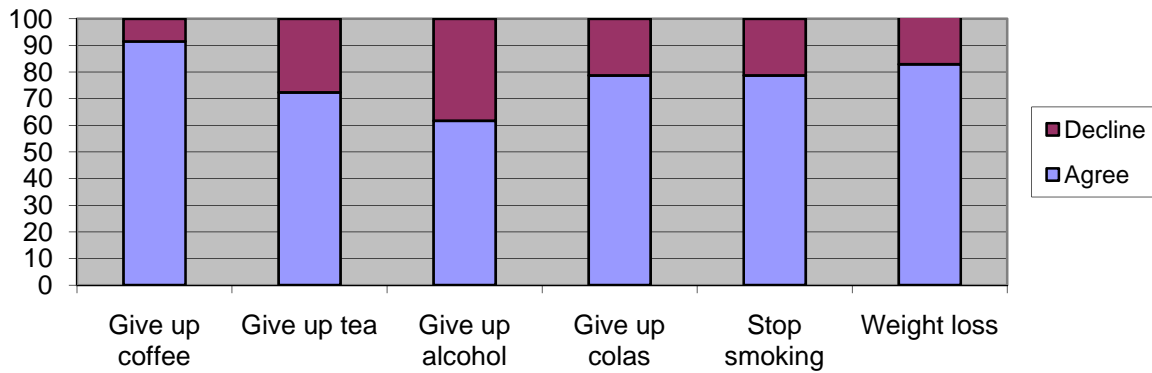
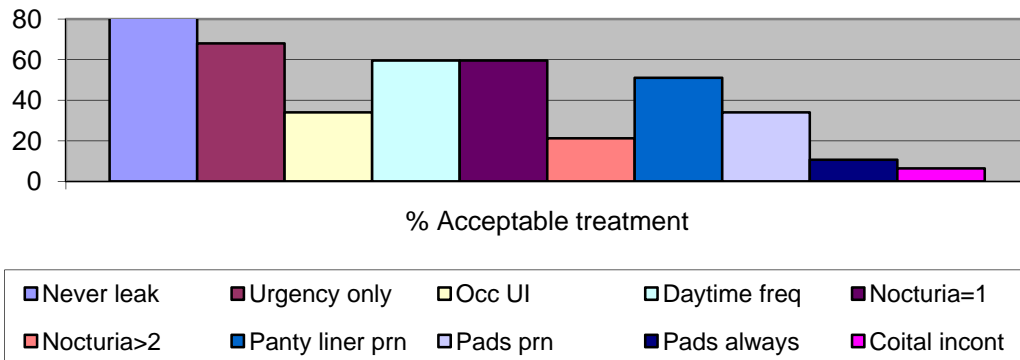


Table 3: % Acceptability of symptoms post treatment



Concluding message

This study gives us greater insight into women's attitude regarding cure. Patient's expectations differ depend on disease severity as does their willingness to pay and acceptance of adverse effects. Women would appear to prefer medication to be used as required rather than regular therapy. This may help to explain the poor compliance and persistence associated with antimuscarinic therapy. These findings are part of an ongoing study that may ultimately prove to be a useful tool while counselling future patients regarding treatment outcomes

References

1. Neurourol Urodyn 2002. 21(2):167-78
2. Eur Urol 2006. 50(6):1306-14
3. J Pelvic Medicine and Surgery 2003. 9(6):273-277

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CLINICAL TRIAL REGISTRATION: This clinical trial has not yet been registered in a public clinical trials registry.

HUMAN SUBJECTS: This study was approved by the KINGS COLLEGE HOSPITAL ETHICS COMMITTEE and followed the Declaration of Helsinki Informed consent was obtained from the patients.