

PREVALENCE AND IMPACT OF OVERACTIVE BLADDER IN THE FRENCH GENERAL POPULATION

Hypothesis / aims of study

There is no validated diagnostic questionnaire allowing the study of the prevalence of the clinical syndrome of overactive bladder (OAB) in the general population. The PSU questionnaire (Profile of the Urinary Symptoms), validated in French, includes a specific question allowing the identification of the existence or not of urgency, which defines the OAB.

The aims of the study are to estimate in the French general population the prevalence and the impact of OAB, using the questionnaire PSU which allows the identification of OAB.

Study design, materials and methods

This study is a cross-sectional observational epidemiological survey carried out into a sample, representative of the general population, of subjects of aged ≥ 18 years, questioned face to face. Were considered as suffering from OAB the participants whose answer to question 2 of the PSU was >1 (strong urge to go to the toilets to urinate several times per week or per day). A control group of 776 subjects free of OAB was made up. 466 subjects identified with an OAB, had to answer to a detailed questionnaire on management of OAB and to the OABq-v8 (Overactive Bladder questionnaire). This self administered questionnaire contains a symptom bother and health-related quality of life scale which allows classifying the individuals in 3 classes: no OAB (score ≤ 8), possible or probable OAB. The questionnaires of quality of life (SF-12) and quality of the sleep (MOS-Sleep) were submitted to both groups of subjects with OAB and the subjects of the control group. The investigation proceeded from September to December 2006.

Results

Among the 9535 interviewees the prevalence of OAB was 14.8% [14.1-15.6]; 12.0% [11.1-12.9] among men and of 17.6% [16.5-18.6] among women. This prevalence increased with age (from 12.5% in the 18 to 30 years age group, to 24.3% in the 71 and more year's age group). The mean age of the subjects was 51.2 years (± 19.1). The results of the three PSU sub-scores are detailed in table 1. These scores increased progressively with age.

Table: Scores of the PSU in the population with OAB

| | Women (n = 857) | Men (n=558) | Total (n = 1415) |
|--|--------------------|------------------|---------------------|
| Overactive bladder score, mean (\pm sd) | 6.8 (\pm 3.6) | 5.9 (\pm 3.2) | 6.4 (\pm 3.5) |
| Stress urinary incontinence score, mean (\pm sd) | 1.6 (\pm 0.6) | 0.6 (\pm 1.6) | 1.2 (\pm 2.3) |
| Voiding difficulty score, mean (\pm sd) | 0.4 (\pm 0.9) | 0.6 (\pm 1.2) | 0.5 (\pm 1) |

The mean score of OABq-v8 was 11.2 [10.3 -12] in 466 subjects identified with OAB; 12.1 [11-13.2] in women and 9.6 [8.2-10.9] in men. Although the overactive bladder score of the PSU was moderately well correlated with the mean score of OABq-v8 of all subjects with OAB (coefficient of correlation: 0.53 [0.46-0.59]), it was well correlated with the mean score of OABq-v8 in men with OAB aged more than 50 years (0.69 [0.57-0.77]).

Only 32 % of the subjects with OAB had consulted a physician, who was a GP in 68.5% of the cases. Of the subjects who had consulted 58.4 % were prescribed an examination which was most frequently (66.7%) a lower urinary tract ultrasound examination. A treatment was prescribed to 51% of the subjects, the most frequent one being a drug. The drug was considered as effective in 74.5% of the cases, but was taken for less than 1 year by 51% of the subjects. The quality of life (summary psychic and physic scores of the SF-12) and the mean scores of sleep quality were significantly ($p < 0.001$) worse in subjects with OAB compared to the control group. The quantity of sleep was significantly lower in the OAB group (6.7 hours \pm 1.6) than in the control group (7.1 hours \pm 1.5) ($p < 0.01$).

Interpretation of results

This study is a large investigation carried out in general French population and using a specific questionnaire making it possible to identify the individuals presenting an OAB. The prevalence of OAB observed is a little higher than reported in the literature. The negative impact of these disorders on the quality of life and sleep and the high frequency of required examinations show that the OAB represents a real problem of public health.

Concluding message

These data of this face to face survey confirm the high frequency of the disorders of the low urinary tract in the general population and the negative impact of these disorders on the quality of life and the quality of the sleep.

FUNDING:

Consultancy fees from GlaxoSmithKline

CLINICAL TRIAL:

This clinical trial has not yet been registered in a public clinical trials registry.

HUMAN SUBJECTS:

This study did not need ethical approval because Epidemiological observational study in the general population. No medical intervention. and did not follow the Declaration of Helsinki - with approval by the ethics committee - in the sense that It is not a clinical study. Face to face interviews of subjects of the general population. Informed consent was not obtained from the patients.