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Malmsten U[1], Milsom I[2], Molander U[1], Irwin D[3]
1. *Geriatric Medicine, Sahlgren Academy at Gothenburg University, Goteborg, Sweden,* ***2.*** *Obstetrics and Gynaecology, Sahlgren Academy at Gothenburg University, Goteborg, Sweden,* ***3.*** *Epidemiology, University of North Carolina, School of Public Health, Chapel Hill, NC USA*

OVERACTIVE BLADDER SYMPTOMS AND HEALTH RELATED QUALITY OF LIFE. A PROSPECTIVE LONGITUDINAL STUDY IN MEN AGED 45 TO 103 YEARS.

Hypothesis / aims of study

Lower urinary tract symptoms, LUTS, such as urinary incontinence, UI, and overactive bladder, OAB, have previously been reported to negatively impact the health related quality of life, HRQoL, (1). The aim of this study was to describe the impact of OAB symptoms on HRQoL in a large random sample of men, assessed both in 1992 and 2003.

Study design, materials and methods

In 1992, 10 458 men, aged 45-99 years, were selected at random from the National Population Register. The men received a self-administered postal questionnaire on OAB, other LUTS and HRQoL. There were also questions on social, medical and demographic data.

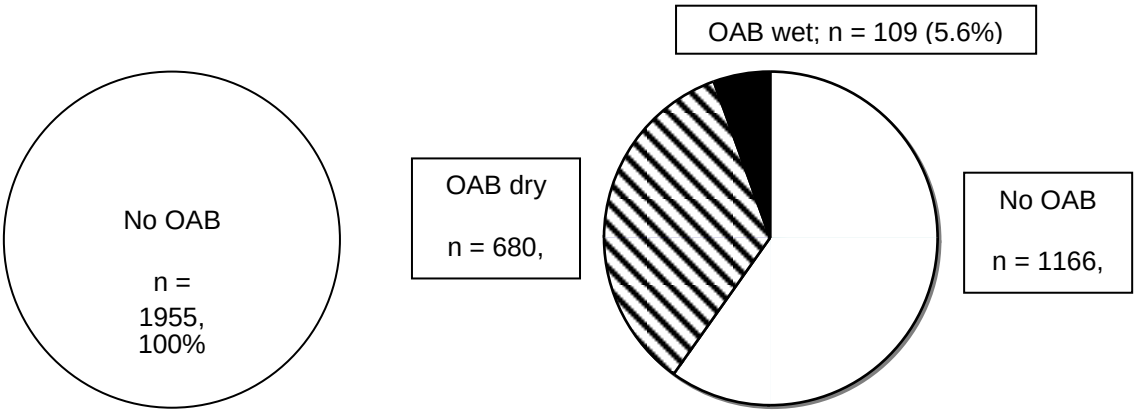
The response rate was 74% (n = 7 763). The men who responded in 1992 and were still alive and available in the National Population Register were re-assessed eleven years later, in 2003, using the same questionnaire technique. On both occasions OAB and LUTS were assessed according to the current ICS definitions (2). The presence or absence of OAB symptoms were classified as follows: No OAB symptoms = No OAB; OAB without UI = OAB dry; and OAB with UI = OAB wet.

In both 1992 and 2003 the men were asked to assess their self-reported HRQoL using a visual analogue scale (VAS). This technique, previously being used in the assessment of UI (3), involves the use of a 100 mm line on a sheet of paper, representing the continuum of the man's opinion of his HRQoL. The one extremity of the line represents the maximal HRQoL (0 mm), and the other extremity the poorest HRQoL (100 mm).

Results

In 2003, 4072 of the 7763 men who responded to the questionnaire in 1992 were available in the National Population Register (3 000 men had died and 691 emigrated). Totally 3257 men (80%), then aged 56-103 years, responded to the questionnaire distributed in 2003.

Complete data of OAB symptoms were obtained from 2317 men at both occasions, 1992 and 2003. The figure shows the number of men reporting No OAB in 1992 (n=1955) and how these men reported eleven years later: No OAB (n=1166), OAB dry (n=680) and OAB wet (n=109).



The table below shows the assessments of HRQoL in 1992 and 2003 given as mean and 95% confidence intervals, CI, for men reporting No OAB, in 1992.

QoL	**No OAB 1992 & No OAB 2003**	**No OAB1992 & OAB dry 2003**	**No OAB 1992 & OAB wet 2003**
	Mean (95% CI)	**Mean (95% CI)**	**Mean (95% CI)**
1992	14.9 (13.7-16.0)	15.7 (14.3-17.1)	21.1 (17.4-24.8)
2003	16.5 (15.2-17.7)	21.4 (19.7-23.1)	32.9 (27.8-38.0)
Difference	1.5 (0.2-2.8)	5.0 (3.3-6.7)	10.1 (4.9 - 15.4)

Significance of differences

No OAB 1992 & 2003 - No OAB1992 & OAB dry 2003: $p<0.01$
No OAB 1992 & 2003 - No OAB1992 & OAB wet 2003: $p<0.01$
No OAB1992 & OAB dry 2003 - No OAB1992 & OAB Wet 2003: NS

Interpretation of results

The men who developed OAB symptoms, both dry and wet, during the course of this longitudinal study reported poorer HRQoL than the men with No OAB, at the two assessments.

Concluding message

These data reflect the negative influence of OAB symptoms on the HRQoL in these men, who were assessed both 1992 and 2003. Further research is needed to understand the impact of treatment on the HRQoL.

References

1 World J Urol 2003; 327-36.
2 Neurourol Urodyn 2002; 21: 167-78.
3 Scand J Car Sci 1991; 5; 57-62.

Specify source of funding or grant	**Study funding provided by Pfizer.**
Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**The Ethics Committee of Gothenburg University, Goteborg, Sweden.**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**