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PATIENT SATISFACTION FOLLOWING ONABOTULINUMTOXINA TREATMENT FOR REFRACTORY OVERACTIVE BLADDER

Hypothesis / aims of study

OnabotulinumtoxinA treatment has proven to be a useful second line treatment option for refractory overactive bladder (OAB). The majority of studies typically report on subjective clinical and objective urodynamic outcomes. Little is known on the patient perspective of treatment and satisfaction with this therapy. Our aim was to evaluate all patients who had undergone onabotulinumtoxinA injections at our institution with a focus on patient satisfaction outcomes.

Study design, materials and methods

This was a retrospective study and data collection was via telephone survey. A clinician independent to the team providing the onabotulinumtoxinA service carried out the survey to reduce bias. Patients were administered the validated client satisfaction questionnaire (CSQ-8) which asks specific questions regarding the service provided and satisfaction with treatment. In addition patients were asked specific questions devised by the clinical team about their current and future treatment options. The cohort consisted of patients with OAB symptoms and idiopathic detrusor overactivity refractory to anticholinergics. The majority of patients received 200 U onabotulinumtoxinA (Botox®) via a flexible cystoscopic, local anesthetic, trigone sparing technique. Patients were re-injected when they reported a return of symptoms. Clean intermittent self catheterisation was commenced in symptomatic patients with a post void residual of > 150 mL.

Results

At the time of this study 105 patients had received onabotulinumtoxinA injections. Complete data was available on 72 patients giving a response rate of 69%. The mean age of the cohort was 57 and included 55 female patients. Patients had received a varied number of injections. Of those contacted, 68% were continuing to have onabotulinumtoxinA injections. The overall CSQ-8 score was 28.3 out of a maximum 32. CSQ-8 scores in those who are currently continuing to receive onabotulinumtoxinA injections versus those who have stopped were 29.8 +/- 3.3 (SD) and 25.1 +/- 4.6 (SD), respectively ($p<0.001$). The individual CSQ-8 domain scores are outlined in table 1. In those that are currently undergoing repeat injections only 1 patient would not consider lifelong treatment with onabotulinumtoxinA. For those not on onabotulinumtoxinA treatment the majority of patients were managing their bladder with either no treatment or anticholinergics and the minority with sacral neuromodulation. Only 1 patient that we are aware of has had clam ileocystoplasty.

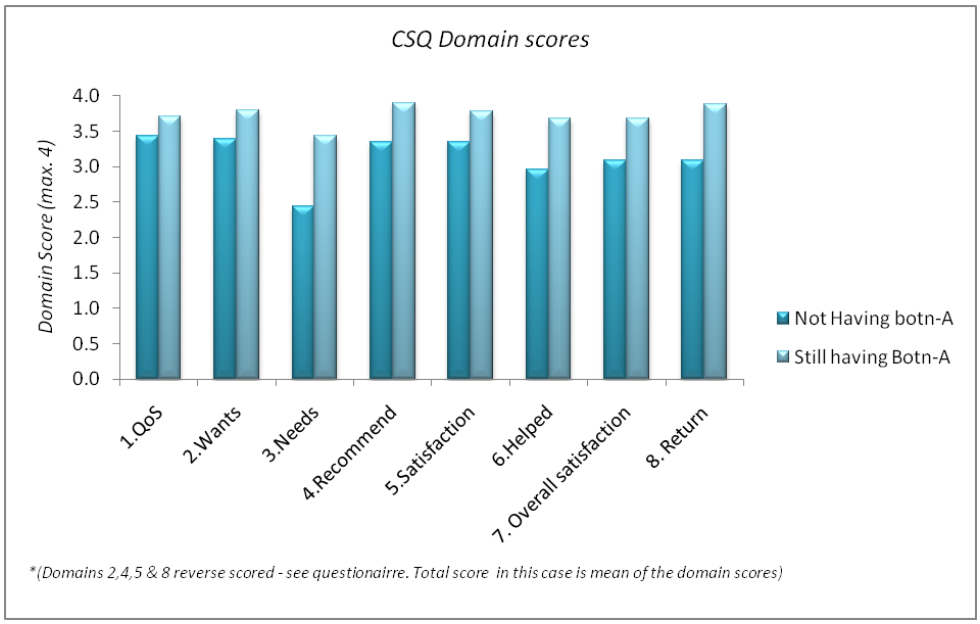

Table 1: CSQ-8 domain scores.

Interpretation of results

Overall patient satisfaction as assessed by the CSQ-8 was very high. As expected those who have stopped having repeat onabotulinumtoxinA injections have lower CSQ-8 scores. When assessing the individual domain scores, the same relationship is evident in each of the 8 domains, which is more marked when asked “how much the programme met the needs of the patient”. In those not continuing with injections, a significant number reverted back to anticholinergics despite initially being refractory or no active treatment, in favour of more invasive options such as sacral neuromodulation or clam ileocystoplasty. The majority of patients on repeat injections would be happy to carry on with this form of treatment lifelong which is a good indicator of satisfaction with the treatment.

Concluding message

There appears to be very high satisfaction with onabotulinumtoxinA treatment for patients with OAB symptoms and refractory IDO. The vast majority of patients who have repeated successful injections with this form of therapy would be happy to carry on with this lifelong if deemed to be safe and suitable for long term use.

Specify source of funding or grant	**Unrestricted educational grant from Allergan, Ltd** **British Urological Foundation**
Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**No**
This study did not require ethics committee approval because	**It was felt this came under the remit of service evaluation. All patients were consented to take part in the study verbally;** **All patients had prior written consent for botulinum toxin-A injections and all clinical trials related to this had Research Ethic Committee Approval. As this study was retrospective, only involved telephone contact and was essentially a service evaluation formal ethics were not sought after advice from R&D.**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**