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RESPONSE RATE OF QUESTIONNAIRES AND INCIDENCE OF OVERACTIVE BLADDER SYMPTOMS IN PATIENS COMING FOR THE FIRST TIME TO GYNECOLOGICAL AND UROLOGICAL OFFICES

Hypothesis / aims of study

The one aim of the study was to evaluate response rate of questionnaires and understanding of questions on overactive bladder (OAB) symptoms in the questionnaires by patients coming for the first time to gynaecological and urological office for examination.

The other aim of the study was to evaluate incidence and degree of OAB symptoms in patients coming for the time to gynaecological and urological office for examination.

Study design, materials and methods

In each of 5 gynaecological and 5 urological offices we evaluated consecutive 100 patients coming for the first time for examination by following parameters:

- if the patient noticed an attractive questionnaire box in the waiting room of the office
- if the patient picked up the questionnaire (all patients were given information about the possibility to fill out the questionnaire)
- if the patient filled out the questionnaire
- if the questions in the questionnaires were understandable

and we evaluated the differences between gynaecological and urological offices.

We evaluated incidence and degree (1 = mild, 2 = moderate, 3 = severe) of urgency (Is it difficult for you to hold urine when you feel urge to void?), frequency (Do you void frequently during the day?), nocturia (Do you have to void during your sleep?) and incontinence (Do you have loss of urine?) and the differences between women and men.

Results

Out of 1000 patients (620 women and 380 men) 560 patients (385 women (68,8%) and 175 men (21,2%)) noticed the questionnaire box in the waiting room of the office. 616 patients (418 women (68%) and 147 men (32%)) picked up the questionnaire. 604 patients (410 women (67,9%) and 144 men (32,1%)) understood the questions and filled out the questionnaire. There was no difference in response rate between gynaecological (51-51%) and urological (48-49%) offices.

Out of 604 patients who filled out the questionnaire 174 patients (28,8%), 174 patients (28,8%), 248 patients (41%) and 103 patients suffered from urgency, frequency, nocturia and incontinence, respectively. Out of 174 patients with urgency (100 women and 74 men) 67 patients (38,5%) had moderate or severe symptom degree. Out of 174 patients with frequency (107 women and 67 men) 74 patients (42,5%) had moderate or severe symptom degree. Out of 248 patients with nocturia (141 women and 107 men) 100 patients (40,3 %) had moderate or severe symptom degree. Out of 103 patients with incontinence (69 women and 34 men) 26 patients had moderate or severe symptoms

Interpretation of results

Only a half of patients noticed an attractive questionnaire box in the waiting room of gynaecological or urological office and was willing to pick up and fill out the questionnaire. Women did slightly better in these activities. Patients understood the questions well and there were no difference in response rate between gynaecological and urological offices.

The most frequent OAB symptom occurring in our group of patients was nocturia followed by urgency, frequency and incontinence. More than one third of patients with these symptoms had moderate or severe symptom degree.

Concluding message

Only half of patients was willing to pick up the questionnaire in the waiting room of gynaecological and urological offices. Incidence of OAB symptoms in patients coming for the first time to gynaecological and urological office for examination is high and there is a high rate of moderate or severe symptom degree in these patients.

Specify source of funding or grant	NONE
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 a common epidemiological research
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	No