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ELDERLY OAB PATIENT'S PERSPECTIVE, THE KEY FOR A BETTER CLINICAL APPROACH

Hypothesis / aims of study

The prevalence of the overactive bladder (OAB) increases with age and have a profound impact on quality of life that affect even more in the elderly patient. We already know that OAB patients cope with this condition in different ways and many have suffered their symptoms for a long time before seeking medical advice. The aim of this study was to deepen in the clinical profile of elderly patients with OAB and to assess how this population manage their symptoms in their daily life.

Study design, materials and method

Epidemiological, multicenter and cross-sectional study. Patients ≥ 60 years with clinical diagnosis of OAB (defined as ≥ 1 episode of urgency/24h (*Patient Perception of Intensity of Urgency Scale* PPIUS* ≥ 3)) and who gave written informed consent to participate were evaluable. Socio-demographic and clinical data, comorbodities through Charlson Index (considered high if ≥ 3 points); time of onset of symptoms and time since diagnosis (in months) were collected.
Patients were requested:
-To complete an ad-hoc questionnaire to analyze patient beliefs and opinion about their symptoms (a Likert scale to express degree of agreement was used).
-To rate their general quality of life before and after developing the disease through a Visual Analogue Scale (VAS) [from 0 (worst imaginable) to 10 (best imaginable)].
-To answer some questions regarding coping strategies (CS) to manage their OAB symptoms.
-To fill in the BSAQ (Bladder control Self- Assessment Questionnaire).
Statistical analysis
Descriptive analysis was done. The association between OAB symptoms (BSAQ) and CS was analyzed using multivariable logistic regression models including those variables with a p-value<0.05 in the bivariate model as predictors (one model for each CS and gender). Odds ratio (OR) with 95% confidence interval (95%) were used to present data. Correlation between BSAQ subscales (BSAQ-Symptoms and BSAQ-Bother) and adoption of CS were evaluated using a t-test for independent samples.

Results

786 patients were evaluable, 201 (25.6%) men and 585 (74.4%) women, mean age (SD) 68.3 (6.3) years old. Symptom profile: mean number of episodes / 24h (SD): Urgency 4.9 (2.9), frequency 7.5 (3.8); Urge urinary incontinence (UUI) 2.9 (2.3). 21.6% had high comorbidity according to Charlson index. Time evolution of symptoms and time since diagnosis was 37.7 (45.6) and 17.7 (33.7) months respectively. 79.7% believed that symptoms will improve with treatment and 73.0% thought that OAB symptoms will worsen with age and 71.5% over time. Overall quality of life worsened in 91.8% of patients due to symptoms (VAS score from 7.2 (1.7) to 4.3 (1.9)) **(Table II)**

Table II. QoL impact (VAS)						
	Men (N=201)		Women (N=585)		All (N=786)	
	n	Mean (SD)	n	Mean (SD)	n	Mean (SD)
Quality of Life prior to OAB	181	7.2 (1.7)	519	7.1(1.7)	700	7.2 (1.7)
Quality of Life with OAB	181	4.3 (1.8)	518	4.3(2.0)	699	4.3 (1.9)

About CS: 81.4% have changed their urinary frequency, 70.6% have modified fluid intake, 63.7% used pads, 28.3% used special clothing. Results of the multivariate model only for CS variables with a higher OR were shown in **Table III**.

Table III. Multivariate model. Symptom related to CS			
	Coping strategies	BSAQ-S score	OR (95% IC)
Women	Pad use	UI Item=3	71.6 (7.2-713.5)
		Frequency Item =3	30.2 (1.6-576.7)
		UI Item =2	20.0 (5.3-75.4)
Men	Special Clothing	UI Item =2	14.9 (3.2- 70.8)
	Pad use	UI Item=3	15.4 (2.5-94.3)

 BSAQ results according to the presence / absence of CS are shown in **Table IV**. The adoption of CS is associated with higher scores BSAQ-S and BSAQ-B (p <0.0001).

Table IV. BSAQ score according to presence or absence of CS			
Fluid intake control*		No	Yes
BSAQ-S	N-valid	183	502
	Mean(SD)	6.9 (2.4)	7.8 (2.2)
BSAQ-B	N-valid	182	504

	Mean(SD)	7.2 (2.6)	8.7 (2.4)
Change in urinary frequency*			
BSAQ-S	**N-valid**	98	581
	Mean(SD)	6.4 (2.2)	7.7 (2.2)
BSAQ-B	**N-valid**	98	582
	Mean(SD)	6.8 (2.5)	8.6 (2.5)
Special clothing*			
BSAQ-S	**N-valid**	471	203
	Mean(SD)	7.2 (2.3)	8.4 (2.2)
BSAQ-B	**N-valid**	472	203
	Mean(SD)	7.9 (2.6)	9.4 (2.3)
Pad use*			
BSAQ-S	**N-valid**	234	451
	Mean(SD)	6.4 (2.1)	8,1 (2.2)
BSAQ-B	**N-valid**	233	453
	Mean(SD)	7.3 (2.7)	8.9 (2.3)

*p<0.0001

Interpretation of results
- Elderly patient believes OAB symptoms are related to aging
- Our population delayed seeking for medical advice in spite of important symptom severity and QoL deterioration.
- Symptoms severity and bother is significantly higher according to BSAQ in patients adopting coping strategies.

Concluding message
We evidence a lack of information in elderly patients regarding OAB symptoms and a need for a more proactive approach in order to get an earlier diagnosis and treatment.