

ASSESSING THE CONTENT VALIDITY OF THE OVERACTIVE BLADDER QUESTIONNAIRE (OAB-Q) IN VULNERABLE ELDERLY ADULTS WITH OAB

Hypothesis / aims of study

This study was conducted to evaluate the content validity of the Overactive Bladder Questionnaire (OAB-q) in vulnerable elderly adults with OAB.

Study design, materials and methods

The OAB-q is a disease-specific questionnaire that assesses symptom bother and health related quality of life (HRQL) in people with OAB. The OAB-q consists of an 8-item symptom bother scale and 25-item HRQL scale with 4 domains: coping, concern/worry, sleep and social interaction. While the OAB-q has demonstrated responsiveness to treatment and psychometric validity and reliability [1,2], most of the OAB-q validation studies have been conducted among people aged 40 to 70.

Vulnerable elderly participants (≥ 65 years old; score ≥ 3 on the Vulnerable Elders Survey [VES-13]) with OAB were recruited from two US clinical sites. Participants provided consent and completed the OAB-q. Upon completion of the questionnaire, participants took part in one-on-one in-person interviews using a standardized interview guide to provide feedback on the OAB-q. At the conclusion of the interview, they completed the Mini Mental State Examination (MMSE) and a brief sociodemographic questionnaire.

Results

Twenty vulnerable elderly participants were interviewed. Mean age was 77.2 ± 6.4 years; 65% were female; 95% were white. The majority of participants (70%) lived with someone else and 80% were retired. Mean VES-13 score was 4.85 ± 2.43 and mean MMSE score was 25.0 ± 3.5 .

Participants generally selected across the range of responses for each of the OAB-q items, with the means of the OAB-q items ranging from 1.5 ± 1.0 (*Caused you to have problems with your partner or spouse*) to 3.9 ± 1.2 (*Waking up at night because you had to urinate*). Mean OAB-q subscale scores were indicative of moderate to severe OAB symptoms and impact:

OAB-q Mean Subscale and Total Scores

	Mean \pm SD (N = 20)
Symptom Bother¹	42.8 \pm 23.1
Coping²	64.5 \pm 28.4
Concern²	70.1 \pm 28.9
Sleep²	52.0 \pm 30.0
Social Interaction²	80.5 \pm 24.8
HRQL Total²	66.8 \pm 25.8

¹ Scores range from 0-100; higher scores indicate greater symptom bother

² Scores range from 0-100; higher scores indicate better HRQL

The majority of the participants (n = 15) had an overall positive impression of the OAB-q, making comments such as: "*the questionnaire is comprehensive,*" "*easy to understand,*" and "*[the questionnaire] covered everything.*" Five participants indicated that a few of the questions were repetitive, confusing, or difficult to answer.

93% and 90% of the participants indicated that the instructions for the Symptom Bother and the HRQL subscales were clear and easy to understand, respectively. All of the participants said that they were able to accurately remember everything over the past four weeks.

87% thought the word "bother" as used in the lead-in for Items 1-8 was appropriate and a good choice of wording: "*The whole thing is bothersome.*" All of the study participants understood 7 of the 8 items in the Symptom Bother subscale for their intended meaning and indicated that they were relevant and understandable. The participants were able to verbalize the difference between related concepts such as "uncontrollable" and "uncomfortable": "*Uncomfortable [means] you would have the option of being able to stop it or get to the bathroom... uncontrollable urine is just going to pour right out.*"

The 25 HRQL subscale items were understood for their intended meaning by the majority of the participants (n=14). In particular, the items related to "commuting", decreasing physical activities, and adjusting travel plans were relevant to this patient population. All of the participants reported that when they thought about "carefully plan your commute" they thought about various trips, social activities and errands with bathroom availability in mind: "*[going to] doctor appointments,*" "*[going to the] community center,*" "*[going to the] drug store,*" "*shopping,*" "*lunch with daughter,*" "*any general travel,*" and "*[attending] social activities.*"

The response options for both subscales allowed for a range of responses, and were appropriate and acceptable to the participants. Two participants (10%) suggested adding a "not applicable" option.

Interpretation of results

The items of the OAB-q are clear, relevant, and understandable to the majority of vulnerable elderly adults, regardless of level of cognitive function or age. The participants indicated that they experienced all items in the Symptom Bother subscale and understood the difference between related symptoms. The participants applied the HRQL items to their lives, including interpreting "commute" to mean trips, social activities, and errands and "adjusting travel plans" to include travel by bus and car.

Concluding message

The Overactive Bladder Questionnaire (OAB-q) demonstrated content validity in vulnerable elderly adults with OAB.

References

1. Coyne K, Revicki D, Hunt T, et al. Psychometric validation of an overactive bladder symptom and health-related quality of life questionnaire: the OAB-q. *Qual Life Res.* 2002;11(6):563-574.
2. Matza LS, Thompson CL, Krasnow J, Brewster-Jordan J, Zyczynski T, Coyne KS. Test-retest reliability of four questionnaires for patients with overactive bladder: the overactive bladder questionnaire (OAB-q), patient perception of bladder condition (PPBC), urgency questionnaire (UQ), and the primary OAB symptom questionnaire (POSQ). *Neurourol Urodyn.* 2005;24(3):215-225.

Disclosures

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