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COPING STRATEGIES AND QUALITY OF LIFE IN NON INSTITUTIONALIZED PATIENTS WITH PROBABLE OVERACTIVE BLADDER IN SPAIN

Hypothesis / aims of study

The aim of this study was analyze coping strategies of non institutionalized patients and its impact on patient's quality of life in subjects with probable overactive bladder (OAB) in Spain.

Study design, materials and methods

This was a cross-sectional study conducted in the Spanish general population over 18 years of age through a battery of questionnaires administered to subjects using an online method. The sample size was determined based on overactive bladder (OAB) prevalence in Spain by gender and age. Subjects included in the sample were classified as having no OAB, possible OAB, and probable OAB using an automated algorithm validated by clinicians, experts in the field of urology. Coping strategies evaluated included three set of strategies: problem-focused (adaptive behavioral), appraisal-focused (adaptive cognitive) and emotion-focused. Problem-focused included limiting-fluid-intake-when-away-from-home, adjusting-travel-plans-to-be-near-a-restroom, always-knowing-the-restroom-is, avoiding-places-without-a-restroom-nearby and going-to-the-restroom-so-often-that-interferes-with-daily-activities. The only appraisal-focused strategy considered was visit-doctor-more-often-than-usual-to-take-care-of-the problem. Emotion coping strategies included feeling-like-there-is-something-wrong and feeling-of-embarrassment/shame. The subjects' quality of life was assessed by using the EQ-5D questionnaire, The bilateral statistical contrasts was carried out by means of the Fisher and Mantel-Haenszel tests and ANCOVA analysis, with a significance level <0.05.

Results

A total of 2035 subjects [49.19% women (mean age: 51.4 years) and 50.81% men (mean age: 55.6 years)] were included in the study; 13.7% of subjects were classified with probable OAB, 27.9% with possible OAB, and 58.3% with no OAB. Coping strategies were present more frequently in subjects with probable OAB than in no OAB subjects: limiting-liquid intakes 63.8% vs. 9.5%; adjusting-travel plans 40.1% vs. 1.0%, knowing restroom location 61.3% vs. 2.7%; avoiding places without restroom 45.9% vs. 1.8%; interfering with daily activities 38.4% vs. 1.0%; visit-doctor 16.5% vs. 4.9%; something-wrong 31.9% vs. 7.5%; embarrassment/shame 16.5% vs. 3.9% (p-value=0,00000, Mantel-Haenszel<0,0001 in all cases). Men were slightly less concerned than women for coping strategies. Subjects with probable OAB rated lower EQ-5D mean scoring in the health state thermometer; 69.3 (67.2-71.4) vs. 79.7 (78.8-80.5) in subjects with no OAB. Both men and women rated significantly lower in probable OAB than in no OAB subjects; 71.6 (68.4-74.8) and 79.7 (78.5-80.9), and 68.0 (65.2-70.7) and 79.6 (78.3-80.9), respectively (p<0.001 in all cases).

Interpretation of results

The study revealed that subjects with probable OAB reported significantly more coping strategies than subjects with no OAB; furthermore, men seem to be less concerned about their behavioral limitations than women are. Use of these strategies was related with impairment of the quality of life of patients; in average of about 10%, with men slightly less impaired than women.

Concluding message

Subjects classified with probable OAB compared to subjects classified as having no OAB revealed a lower quality of life as a consequence of the development of coping strategies dealing with bladder health condition. Men were slightly less concerned than women, both for coping strategies and quality of life acuity.

Disclosures

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