

CHARACTERIZATION OF SYMPTOM BOTHER, HEALTH-RELATED QUALITY OF LIFE, AND PATIENT'S SATISFACTION TO BLADDER CONDITION IN 967 JAPANESE FEMALE PATIENTS WITH OVERACTIVE BLADDER

Hypothesis / aims of study

To clarify the distress and QOL disturbance in female patients with overactive bladder (OAB), an observational study was conducted by using the OAB-q questionnaire. The impact of OAB on QOL was analyzed by factors such as coexisting symptoms with urgency, age, and symptom severity.

Study design, materials and methods

We performed this study as a prospective, multicenter, open, observational study utilizing a centralized registration method between June 2010 and April 2012 in Japan. The eligible subjects were treatment-naive female patients with OAB who complained of an urgency episode at least once a week. QOL was assessed by the OAB-q consisting of an eight-item OAB symptom bother, four health-related quality of life (HRQOL) subscales (coping, concern, sleep and social), and HRQOL total score. Severity of OAB symptoms was estimated by the OABSS (OAB Symptom Score). The OABSS [1,2] is a psychometrically validated symptom assessment questionnaire designed to comprehensively quantify OAB symptom severity for 4 symptoms of daytime frequency, nighttime frequency, urgency and urgency incontinence, based on the total score ranging from 0 to 15 points. Patients were requested to report their perception of their urinary symptoms on the 7-point scale ranging from 0 (much satisfied) to 6 (much dissatisfied).

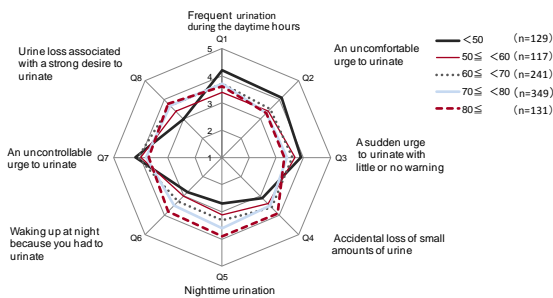
Results

Data from 967 subjects were obtained from 242 institutes. Mean age and total OABSS score, HRQOL total score in the OAB-q and patient's perception score were 66 years old and 9.0, 64.4, and 5.1 points, respectively.

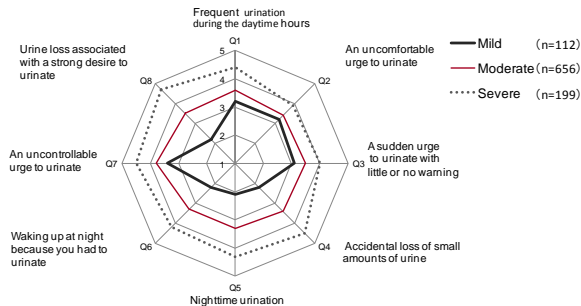
- Each of coexisting symptoms with urgency (daytime frequency, nighttime frequency, and urgency incontinence) negatively affected the corresponding items of symptom bother (Fig.1) and HRQOL subscales in the OAB-q.
- Characteristics of symptom bother among the OAB symptoms stratified according to age (Fig.1). The highest bother score was daytime frequency and urgency in the under 50s age group, urgency in the 50s, 60s and 70s age groups, nighttime frequency and urgency incontinence in the over 80s age group, respectively. In contrast to the increase in symptom severity associated with age, the score of symptom bother in the OAB-q did not change with age.
- With an increase in symptom severity, an increase in all the scores of symptom bother (Fig.1) and impairment in HRQOL for all four domains in the OAB-q were observed. Urgency incontinence and symptom severity well correlated with Symptom bother ($r=0.412$, $r=0.513$), nighttime frequency with sleep ($r=0.482$), and symptom severity with HRQOL total ($r=0.370$).

Fig.1 Characteristics of symptom bother by age, severity and each symptom

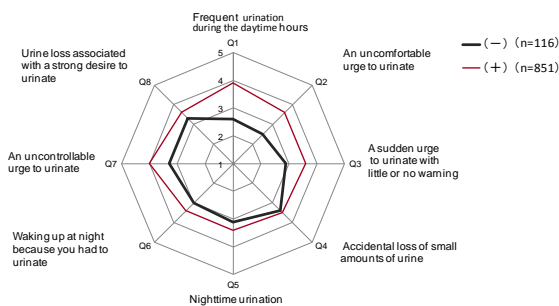
Age (years)



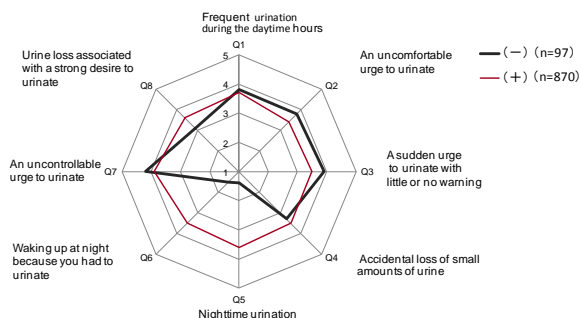
Severity



Daytime frequency



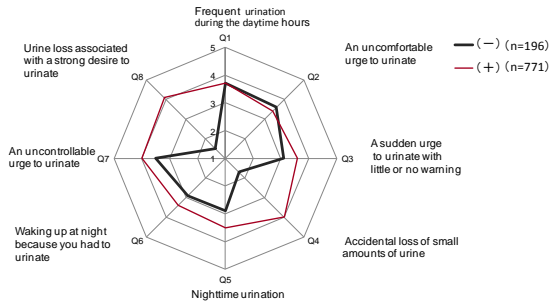
Nighttime frequency



Urgency incontinence

Table 1 Pearson's correlation coefficients between

OAB-q subscale and OABSS



OABSS	Daytime frequency	Nighttime frequency	Urgency	Urgency incontinence	OABSS total score
OAB-q subscale					
Symptom bother	0.273**	0.254**	0.346**	0.412**	0.513**
Coping	-0.278**	-0.119*	-0.242**	-0.183**	-0.292**
Concern	-0.257**	-0.117*	-0.299**	-0.210**	-0.323**
Sleep	-0.123*	-0.462**	-0.147**	-0.175**	-0.351**
Social interaction	-0.213**	-0.193**	-0.196**	-0.161**	-0.278**
HRQOL total score	-0.272**	-0.242**	-0.273**	-0.220**	-0.370**

*p<0.001, **p<0.0001

Interpretation of results

It was shown that the symptom bother and QOL in OAB patients are complicatedly affected by various factors such as coexisting OAB symptoms, symptom severity and age.

Concluding message

This study could quantitatively clarify the relation between OAB symptom and QOL in OAB patients.

References

1. Homma Y, et al. Urology, 2008; 68: 318
2. Gotoh M, et al. Urology, 2011; 78: 768

Disclosures

Funding: none **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics Committee:** Ethics Committee, Nagoya University Graduate School of Medicine **Helsinki:** Yes **Informed Consent:** Yes