

HEALTHCARE RESOURCES UTILIZATION IN SUBJECTS WITH PROBABLE OVERACTIVE BLADDER IN SPAIN

Hypothesis / aims of study

It has been believed that the overactive bladder may increase the use of healthcare resources. The aim of this study was the assessment of the healthcare resources utilization in subjects with probable overactive bladder (OAB).

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, probable OAB, split in wet OAB and dry OAB, by using an automated algorithm validated by clinicians, experts in the field of urology. The healthcare resources utilization was assessed among various bladder health condition questions addressed to the subjects. The bilateral statistical contrasts were 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. 8.8% of the subjects classified as having dry OAB (69.5% men; 30.5% women), and 12.0% as having wet OAB (36.2% men; 63.8% women). The percentage of subjects with probable OAB using healthcare resources was significantly higher compared to subjects with (Mantel-Haenszel <0.0001 for all items): drugs for depressive symptoms 16.1% vs. 3.2%; anxiolytics 21.2% vs. 9.9%; antibiotics for skin infection 19.4% vs. 2.6%; hypnotics 23.3% vs. 9.4%; urinary incontinence pads 24.4% vs. 3.9%; visiting physician more frequently than usual 16.5% vs. 2.3%. The average number of visits to general practitioner (GP) among all participants resulted in 0.42 ($p=0.00000$; 0.27-0.56) for subjects classified with probable OAB, versus 0.03 ($p=0.00000$; 0.02-0.05) for subjects classified as having no OAB, the visits to the specialist were in average 0.23 ($p=0.00000$; 0.15-0.21) vs. 0.02 ($p=0.00000$; 0.01-0.04), and to emergencies 0.07 ($p=0.00001$; 0.02-0.11) vs. 0.00 ($p=0.00001$; 0.00-0.01) respectively (for average number of visit $p=0.00000$). The average of pads used due to urinary leakage, per subject classified with probable OAB compared to subjects classified as having no OAB, among pads common users, is 2.43 (2.02-2.83) vs. 1.26 (0.99-1.53) during the day ($p=0.00000$), and 1.00 (0.78-1.22) vs. 0.54 (0.3-0.79) during the night ($P=0.0011$). The average used among the total study population, is respectively 0.59 (0.44-0.75) vs. 0.05 (0.03-0.07) during the day ($p=0.00000$), and 0.24 (0.17-0.32) vs. 0.02 (0.01-0.03) during the night ($p=0.00000$).

Interpretation of results

The study results show that study relative prevalence for men was slightly higher than 2/3 times compared to women both classified as wet OAB, whereas women relative prevalence was almost 2/3 times the men population both classified as dry OAB. Subjects classified with probable OAB reported a significant higher usage of drugs for depression (3 times more), for anxiety/distress (2.1 times more), for skin infection (7.5 times more), and hypnotics (2.5 times more), as well as of urinary incontinence pads (6.3 times more), and visiting clinicians more often than usual (7.2 times more). The average number of visits to GP, specialist was reported slightly higher for subjects classified with probable OAB versus subjects classified as having no OAB. No significant difference was found in visits to the emergencies between these two groups. The usage of pads doubles when subjects group classified with probable OAB is faced to those classified as having no OAB, among pad users. The usage becomes 4 times respectively among the whole study population.

Concluding message

Subjects classified with probable OAB compared to subjects classified as having no OAB reveal a higher consumption of healthcare resources, in terms of drug usage, sanitary products and clinician visits.

Disclosures

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