

## PATIENTS-REPORTED-OUTCOMES IN NONINSTITUTIONALIZED SUBJECTS WITH PROBABLE OVERACTIVE BLADDER IN SPAIN

### Hypothesis / aims of study

The aim of this study was the assessment of several patient-reported-outcomes (PRO) in non institutionalized 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. PRO measurements included satisfaction with life (LISAT-8), sleep problems (MOS-sleep), patient perception of bladder condition (PPBC), health-related quality-of-life (EQ-5D) and lost-workdays-equivalents –LWDE-(WPAI). 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. 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 ( $p<0.001$ ). Patients' life satisfaction was significantly lower in probable OAB; 61.8 (59.7-63.8) vs. 68.5 (67.5-69.6) in non OAB subjects ( $p<0.001$ ). Probable OAB slept less hours per day on average [6.5 (6.4-6.7) vs. 6.8 (6.8-6.9),  $p<0.001$ ], had more impact in total sleep index of the MOS-sleep [38.3 (36.2-40.4) vs. 24.3 (23.4-25.2),  $p<0.001$ ] and showed more LWDE in last 7 days on average; [1.9 (1.2-2.5) vs. 0.6 (0.4-0.8),  $p<0.001$ ], PPBC was also worse in probable OAB; 31.9% of patient with probable OAB declared having moderate to severe problems with bladder condition vs. only 0.8% in subjects with no OAB ( $p<0.001$ ).

### Interpretation of results

The study revealed that subjects classified with probable OAB reported significantly lower or worse scoring in PRO measurements than subjects with no OAB, thus impacting negatively on patient's quality-of-life and life satisfaction. . Men seem to be less impaired than women of their same age. The quality of life assessment revealed as well that the subject population classified with probable OAB reported a lower health state in average of about 10%, once again, men were slightly less concerned than women were. Lost-working days-equivalents were substantial in probable OAB, meaning that bladder condition also affect seriously labor productivity.

### Concluding message

Subjects classified with probable OAB compared to subjects with no OAB revealed a lower quality of life and more impaired patient-reported-outcomes, which translated into worse productivity at work. Men were slightly less concerned than women in all patient-reported-outcomes.

### Disclosures

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