

**Hypothesis / Aim**

To investigate the relationship of symptom severity, clinical findings, quality of life and ambulatory urodynamic findings in overactive bladder (OAB) patients.

**Study Design, Materials and Methods**

- In Urogynecology Unit of the Ankara University School of Medicine
- Retrospective analysis of women with regular follow up between 2010 and 2013
- Ambulatory urodynamics, MMS
- Statistical analysis with SPSS version 15
- The Student's t test, Mann–Whitney U test and Chi-square tests, as appropriate.
- P values < 0.05 considered significant.

**Results**

Detrusor overactivity was present in 65.3% of women with OAB syndrome (Group 1). Age, BMI and rate of postmenopausal status were significantly higher in group 1 (p=0.05, p=0.05 and p=0.000, respectively). The clinical and voiding diary findings were all similar (Table 1). The total and irritative subscale scores of the UDI-6, scores of the OAB-V8 and social subscale score of the IIO-7 were significantly higher in group 1 (p=0.01, p=0.04, p=0.00 and p=0.01, respectively) (Table 2). Number of women indicating at least one episode of urge incontinence derived from the LUNA ambulatory monitoring recordings were significantly higher in group 1 (p=0.000). The similar finding was also observed for urgency (Table 3).

**Interpretation of Results**

The association of OAB symptom complex and DO is controversial. Although the OAB syndrome has been redefined by the ICS in order to standardize the terminology of OAB as a symptom complex (1), the lack of an accepted standardized tool to select OAB patients is one of the most critical reasons for the discrepancy between the studies performed so far. In this context, we chose the OAB-V8 Awareness Tool, as it was designed and validated as a screening questionnaire. We included frequency data, extracted from the urinary diaries, to further increase the objectivity of inclusion criteria. Our practice of using ambulatory urodynamic monitoring in the clinical setting during one micturition cycle also provided a more accurate detection for DO. We found not only a higher percentage of DO in OAB patients (2,3), but also determined a significant association between symptom severity and DO in these patients with OAB.

**Concluding Message**

The presence of DO represents a more severe form of the OAB symptom complex. Establishing a validated and standardized tool to identify OAB patients with further studies may increase the prediction of a probable DO and decrease the need for urodynamic examinations in the clinical setting.

**References**