Aim: To assess whether the ICIQ OAB-SF questionnaire can be used as a diagnostic tool for DO in women.

Methods: The BUS study was a multicentre (22) study which recruited a total of 687 women with overactive bladder symptoms to assess the diagnostic accuracy of bladder wall thickness on TV USS in picking up DO. We collected data on demographics, clinical history and on ICIQ-SF questionnaire. The scored items of the ICIQ-OAB SF are: “How often do you pass urine during the day?” “During the night, how many times do you have to get up to pass urine”? “How often do you have to rush to the toilet to urinate?” and “Do you leak urine before you get to the toilet?”. ICIQ-OAB questionnaire is scored indicated by each response category. These scores can be added to achieve a total score whereby higher scores indicate increased severity of symptoms. The questionnaire was filled out by the patients and the results were compared with the urodynamic findings. To assess the accuracy of the ICIQ OAB SF in predicting DO, we calculated the area under the curve (AUC) from the ROC curve which plots the sensitivity against the specificity.

Results: The UDS data was available for 666 women (mean age 52.7 years). Among these women, 63% had urgency +/- UUI and SUI, 34% had urgency alone. The AUC was 0.65 (95% CI 0.61-0.7) For every point increase in the ICIQ OAB score, the odds of DO are increased by 22% (OR: 1.22, 95%CI: 1.15, 1.31).

Conclusion: A combination of clinical history, bladder diary and ICIQ questionnaire may help in diagnosing patients with DO rather than using ICIQ OAB by itself.