

PREDICTORS FOR LACK OF DIAGNOSIS AND TREATMENT OF ELDERLY WITH OVERACTIVE BLADDER SYMPTOMS

Hypothesis / aims of study

The prevalence of overactive bladder (OAB) increases with age. This study aimed to examine reasons and factors associated with lack of diagnosis and treatment among elderly with OAB symptoms.

Study design, materials and methods

This study used data (N=2,750) from the OAB Re-Contact Study survey, a U.S. cross-sectional, self-reported internet survey. Respondents were identified via the 2009 U.S. National Health and Wellness Survey. Elderly respondents (65+years old) with OAB were identified according to their current use of medication to control OAB symptoms or by scores >14 (for men) or >16 (for women) on the OAB Awareness Tool, a patient-administered screening tool to identify patients with bothersome OAB symptoms. Treated patients were those reporting currently using prescription medication to treat their OAB. Never treated patients were those who reported never using prescription medication for OAB, but their OAB symptoms interfered with their life and were likely serious enough to require medication. Binary logistic regression analysis predicted diagnosis and treatment as a function of patient demographics, patient-physician relationship and communication variables.

Results

Among the 423 elderly respondents with OAB symptoms, 211 were diagnosed with OAB, 212 not diagnosed with OAB, 140 were currently treated and 74 had never been treated for OAB. Based on logistic regression, discussing bladder control symptoms with a physician was associated with high odds of being diagnosed (odds ratio [OR]=40.25), as were having a regular physician (OR=15.50) and being a female (OR=1.99); all $p<0.02$. Discussing bladder control symptoms (OR=53.23) and lack of employment (OR=0.30) were also associated with high odds of being treated vs. never treated; both $p<0.01$. "It is a normal part of getting old" and "I have other medical problems which are more serious" were among the main reasons for not discussing bladder control symptoms (Table 1).

Interpretation of results

Study results showed that there appeared to be gaps in communication, diagnosis and treatment of OAB among elderly individuals suffering from symptoms of OAB. About one-third of non-diagnosed and about one-fifth of never treated elderly patients with symptoms of OAB had not ever discussed their bladder control symptoms with their physicians. Not having a regular physician and not discussing symptoms with a physician was found to be strong predictors of not being diagnosed. Thus, to improve diagnosis rates, patients should have access to a regular physician and be encouraged to discuss their OAB symptoms with their physicians. Reasons for not discussing OAB symptoms, such as, not remembering to ask about it or being too embarrassed to bring it up, shed light on areas for better patient education.

Concluding message

Failure to discuss bladder control symptoms with a physician may be an important barrier to diagnosis and treatment of OAB. Males may be underdiagnosed, compared with female patients. These findings demonstrated the importance of OAB awareness and patient-physician communication in the diagnosis and treatment of elderly with OAB symptoms.

Table 1. Percentage agreement for various reasons for not discussing OAB symptoms with physician among non-diagnosed and never treated elderly respondents with symptoms of OAB

Reasons	Not diagnosed (N=125)	Never Treated (N=41)
My bladder control symptoms are not serious enough	37.6%	9.8%
I have other medical problems which are much more serious	40.0%	51.2%
It is a normal part of getting older	51.2%	53.7%
I have not remembered to ask about it	20.0%	24.4%
I don't like the idea of taking prescription medication	35.2%	51.2%
There are other things I can do to manage my bladder control symptoms (e.g. pads, Kegels, etc.)	26.4%	22.0%
It's too embarrassing to bring up	31.2%	51.2%
It's not a priority for me to treat	24.0%	17.1%
I'm concerned about side effects	24.8%	36.6%
Don't have insurance	0.0%	0.0%
Cost/can't afford it	0.0%	0.0%
Don't have a doctor/go to the doctor	0.8%	0.0%
Have not been to the doctor yet	0.8%	0.0%
Other (OTHER SPECIFY)/None of the above	7.2%	4.8%

Note. Reasons were asked only of those respondents who did not discuss OAB symptoms with physicians: n=125, or 30.0% of those who were not diagnosed, and 41, or 19.2% of those who were never treated.

Disclosures

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