Hypothesis / aims of study

The aim of this study was to compare in clinical practice the value of three self-assessed questionnaires validated in Spanish: Bladder Control Self Assessment Questionnaire (B-SAQ) (1) also known as CACV, Overactive Bladder Awareness Tool (OAB-V8) and its abbreviated version (OAB-V3) (2) in routine clinical practice in a population in Madrid (Spain). Determining the diagnostic performance of these instruments could facilitate diagnosis and management of OAB in primary care and more accurate patient referral to specialists (3).

Study design, materials and methods

Observational non-interventional cross-sectional study on subjects >30yr with and without OAB. Presence or absence of coping strategies and also bothering defining OAB were investigated. Diagnosis was made after clinical history, physical examination, urinalysis, bladder and renal sonogram and 3-days bladder diary. Urodynamic study and cystoscopy were performed only when clinically considered necessary. Differential diagnosis was established in cases affected by symptoms not due to OAB. Kappa coefficient between definite diagnosis and self-assessed questionnaires (OAB-V3, OAB-V8 and B-SAQ) was investigated. Hazard ratio (HR) and 95%C.I. was estimated for each diagnostic tool to predict correct clinical diagnosis. ROC curve analysis and comparison of area under the curves (AUC) was also performed.

Results

411 subjects, 177(43.1%) males and 234(56.9%) females, were investigated. Among them, 207(50.4%) were diagnosed of OAB, 74(35.7%) males and 133(64.3%) females. Conversely 204(49.6%) were controls, 103(50.5%) males and 101(49.5%) females, either without any specific diagnosis or with LUTS other than OAB. Differential diagnosis was established in 63 cases: 15(3.65%) SUI, 13(3.2%) BPH, 11(2.7%) prolapse, 8(1.95%) UTI, 5(1.2%) stroke, 4(0.9%) Parkinson and other neurological disease, 3(0.7%) DM, 3(0.7%) chronic cystitis and 1(0.2%) stone disease. Bladder diary was considered diagnostic of OAB, based on micturition frequency and PPIUS scale, in 197(47.9%) patients, 76(38.6%) males and 121(61.4%) females. Kappa coefficient between clinical diagnosis and B-SAQ, OAB-V8 and OAB-V3 was 0.59, 0.67 and 0.73, respectively. HR to predict diagnosis was 15.4 (9.5-25.1) for B-SAQ, 31.0 (17.6-54.6) OAB-V8 and 124.4 (48.5-319.4) OAB-V3. AUC was 0.80 for B-SAQ, 0.84 OAB-V8 and 0.87 OAB-V3 (contrast OAB-V3 and OAB-V8, p=.02; contrast OAB-V3 and B-SAQ, p<.0001) (A). Kappa coefficient between clinical diagnosis and diagnosis based on bladder diary was 0.70 and HR for bladder diary to predict diagnosis was 32.6 (18.8-56.7). AUC for bladder diary was 0.85 (contrast OAB-V3 and bladder diary, p=47) (B). OAB-V3>3 plus coping strategies and bothering defined diagnosis optimally, with HR 134.3 (64.2-280.9) are area under curve 0.92 (contrast OAB-V3 and OAB-V3 plus bothering and coping strategy, p=.0002) (C).

Interpretation of results

The study confirms the diagnostic performance and clinical utility of the three self-assessed questionnaires investigated (B-SAQ, OAB-V8 and OAB-V3) to screen patients with OAB. Among them, OAB-V3 performed better in detecting symptoms of OAB. OAB-V3 also performed equivalent to 3-days bladder diary in the detection of OAB in this study

Concluding message

OAB-V3 is a simple questionnaire with excellent performance if used for screening of OAB in a closed population in Madrid. Simplicity of OAB-V3 favors its use by general practitioners. Bladder diary accuracy to diagnose OAB itself without clinical history is not superior in our environment. Evaluation of bothering and coping strategies by physician at the time of completing the questionnaire increases the accuracy of OAB-V3.

References


Ethical approval: Board review approval in Hospital Universitario de Getafe, Madrid, Spain.
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