SCHOOLING AND CULTURAL IMPACT IN OVERACTIVE BLADDER DIAGNOSIS ON WOMEN

Hypothesis / aims of study
To evaluate the overactive bladder (OAB) diagnosis using OAB-V8 and ICIQ-OAB questionnaire on women with different schooling and cultural levels.

Study design, materials and methods
This paper comprises a survey of three hundred eighty-six women from three different Services, done through applying clinical questionnaires these women. The aforementioned questionnaires contain questions concerning schooling, demographic and gynecological data.

The women involved had to answer three questionnaires, being the Overactive Bladder Awareness Tool (OAB-V8) and the International Consultation on Incontinence Questionnaire - Overactive Bladder (ICIQ-OAB) to evaluate OAB diagnosis and symptoms, and the Female Sexual Quotient Version (QS-F) questionnaire to evaluate sexual function. All questionnaires were validated in Portuguese. After filling out all questionnaires, the subjects had to answer three additional questions designed to identify relevant points to the study. These are the three additional questions:

1- Which one did you find the hardest to answer?
2- Did you need to ask for help answering them?
3- Which questionnaire demanded the most time for you to answer, in terms of minutes?

Results
The mean age was 37.3 years-old. As for schooling level, 23.1% had concluded primary education; 65.8%, secondary education; and 11.1% had had higher education. Given that a score of ≥ 8 in the OAB-V8 presents a probable OAB diagnosis, 51.8% of the women involved most probably have this pathology.

There was a positive linear correlation between the OAB-V8 and ICIQ-OAB questionnaires in its sections "a" (r = 0.812, p < 0.001) and "b" (r = 0.759, p < 0.001).

Furthermore, women with higher education took significantly less time answering all questionnaires when compared to their less educated counterparts (primary and secondary education), since they were quicker to answer each individual question. When it came to how long women with primary or secondary education took to answer the questionnaires, the former took much longer than the later (Table 1).

Interpretation of results
OAB diagnosis in our population may be overestimated, as other authors also have showed. The 2 questionnaires (OAB-V8 and ICIQ-OAB) used to OAB diagnosis it seems have a similar power to evaluate symptoms due to OAB, since we observed a positive linear correlation between them. In general, ICIQ-OAB questionnaire seems to be hardest to answer compared to OAB-V8. Schooling level influenced in the difficulty of answer as in time of answer showing that women with higher level of schooling had lower trouble and less time consuming to answer the questionnaires. These facts demonstrated the importance of schooling level and the type of questionnaire used in OAB diagnosis.

Concluding message
Educational level and age had an impact on how women answered different questionnaires used for OAB diagnosis and Sexual Function evaluation.

Table 1. Average time and standard deviation of answer time (minutes) in the different questionnaires in comparison to schooling level. Proportions of the same lowercase letter in a referenced category of response (columns) don’t differ in the comparison of schooling. Proportions of the same uppercase letter in a referenced category of response (row) don’t differ in the comparison of questionnaires.

<table>
<thead>
<tr>
<th>Schooling</th>
<th>OAB-V8</th>
<th>ICIQ-OAB</th>
<th>QS-F</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Degree Education</td>
<td>134.4 ±56.5 cA</td>
<td>137.1 ±55.7 cA</td>
<td>200.1 ±79.6 cB</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>2nd Degree Education</td>
<td>107.6 ±40.0 bA</td>
<td>107.2 ±35.8 bA</td>
<td>146.6 ±46.3 bB</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Higher Education</td>
<td>89.7 ±34.7 aA</td>
<td>91 ±28.5 aA</td>
<td>123 ±40.6 aB</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>p value</td>
<td>&lt; 0.001</td>
<td>&lt; 0.001</td>
<td>&lt; 0.001</td>
<td></td>
</tr>
</tbody>
</table>

Disclosures
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