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## PERSISTENCE AND PATIENT-REPORTED SATISFACTION WITH PHARMACOTHERAPY TREATMENT FOR OVERACTIVE BLADDER

### Hypothesis / aims of study

To outline the relationship between patient satisfaction with OAB pharmacotherapy and persistence rates. We compared persistence rates between satisfied and dissatisfied patients at designated study intervals.

### Study design, materials and methods

This was a retrospective longitudinal study of new patients who initiated OAB medication therapy between March 2, 2014-March 2, 2015. Patients were classified as either satisfied or dissatisfied based on a single-item satisfaction question from the validated OAB Satisfaction Questionnaire. Persistence was defined as continuous days on therapy. Discontinuation was classified as a  $\geq$  45-day gap in treatment. The measured rate of persistence was determined as the ratio of patients who persisted on medication at 4 weeks, 12 weeks and 6 months.

Data collection included demographic and prescription information; urinary parameters (frequency, nocturia, urgency urinary incontinence), symptom scales and quality of life questionnaires. Prior to initiation of the study, we built a structured clinical documentation system (SCDS) into our electronic medical record.[1] This system included the aforementioned assessments and included patient-reported outcomes on satisfaction and expectations of pharmacotherapy.

A sample size of 84 patients was determined to have an 80% power to detect a difference in proportions of persistence 0.160 when the proportion of discordant pairs is expected to be 0.295 and the method of analysis is a McNemar's test of equality of paired proportions with a 0.050 two-sided significance level. The final sample size was 105 subjects accounting for 20% drop out rate. This power analysis was based on a finding of a 79% persistence rate at one-year by FPMRS in a previous study at our institution. [2]

Continuous variables were summarized as mean (std), median and range. Categorical variables were summarized as N(%). Two-sample T-test or Wilcoxon rank sum test were used to compare continuous outcomes between groups (Satisfied vs Not Satisfied). Chi-square test or Fisher's exact test were used to compare categorical outcomes between groups. The repeated measure ANOVA was used to compare the satisfaction score, OAB-q score, FR nocturia, UI Score at week 4, week 12 and month 16. Univariate and multivariable logistic regression was used to identify significant predictors for patient satisfaction. Kaplan-Meier methods were used to determine the discontinuation-free probabilities among satisfied and dissatisfied patients. Pearson correlation coefficients were used to evaluate associations between FR nocturia vs. ICIQ and satisfaction scores; OAB score vs. satisfaction score. Statistical analysis was performed on the SAS 9.3(Cary, NC) platform. P value <0.05 was considered statistically significant.

### Results

599 charts met inclusion criteria. 196 patient charts had at  $\geq$ 50% completed data. We analyzed the first 132 charts from this screening. Satisfied and dissatisfied patients did not differ in demographic variables. Mean age was 68, median parity was two. The majority of subjects in both groups had never smoked, were Caucasian, retired and insured by Medicare. Satisfied patients had a median of 461 vs. 254 persistent days, ( $p=0.0001$ ). Satisfied patients (12.5% vs 40%) were less likely to discontinue medication, ( $p=0.068$ ). The discontinuation-free distribution was significantly different between satisfied and dissatisfied cohorts, favoring those who reported satisfaction with OAB medication at all time points, ( $p < 0.0001$ ). Patients who totally discontinued pharmacotherapy were seven times more likely to be dissatisfied, (OR=7.049,  $p$  value=0.0020, 95% CI: 2.0-24.2). Satisfied patients had more reported baseline urinary leakage episodes than those who were dissatisfied, (3.11 vs. 2.36 leakage episodes/day,  $p < 0.0359$ ). However, no difference in self-reported baseline symptom severity was found between groups, ( $p=0.7086$ ). A moderately positive correlation between OAB-q score at six months and the satisfaction score ( $\rho=0.37061$ ) was found.

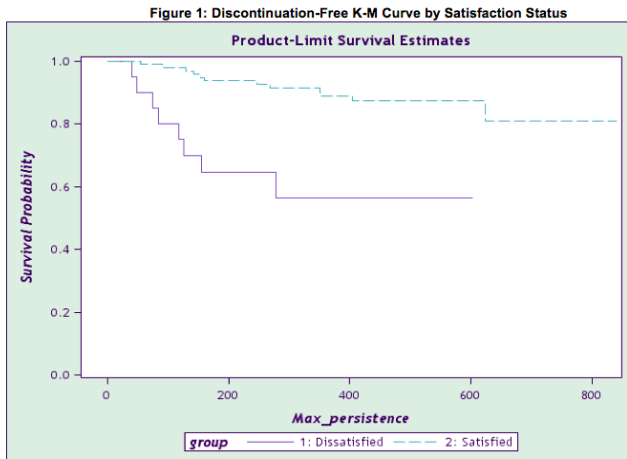
### Interpretation of results

Our study helps to clarify the relationship between patient persistence on medication and treatment satisfaction with OAB care.

### Concluding message

We found persistence could serve as a surrogate marker for patient satisfaction as patients who reported being satisfied were more likely to persist on therapy at all study intervals. Patient reported impression of baseline disease severity did not predict satisfaction status with treatment. Baseline urinary leakage episodes at baseline did predict patient satisfaction, wherein patients with more leakage episodes at baseline were more satisfied on OAB pharmacotherapy. Improvement in subjective symptom scores paralleled satisfaction scores.

Commented [pks1]: Is this p value correct? It is not significant.



**Figure 1:** The "Discontinuation-Free" distribution is significantly differently between "Satisfied" and "Dissatisfied" patients (p value<.0001). Patients who are satisfied have overall better Discontinuation-Free rate at almost each time point than those who are not satisfied.

References

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2. Tran AM, Sand P, Tomezsko J, Zhou Z, Seitz M, Gafni-Kane A, Botros S. A Retrospective Comparison of Persistence on Pharmacotherapy for Overactive Bladder Syndrome Amongst Specialties. Abstract publication. *Neurology and Urodynamics* 2015, Vol 34 Issue S1; S92.2.

Disclosures

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