Hypothesis / aims of study

Turkish Continence Society aims to analyze the management of overactive bladder (OAB) among urologists in daily practice in Turkey. The study was planned to include the initial management and treatment strategies during the follow-up. This preliminary report explains the study protocol and the initial details of the patients included in the first month.

Study design, materials and methods

This multicentric study of the Turkish Continence Study was planned to represent the whole population so that randomly-selected 14 urology departments were included. A total of 500 patients were planned to be recruited after power analysis. An online database system was created. After the ethics committee approval and the assignment of the user names and passwords for each investigator, patients’ recruitment was started on January 2017. The study will include the follow-up data of each patient in the first year after initial visit.

Adult patients (>18 years old) with the diagnosis of OAB were included in the study. Exclusion criteria were; history of lower urinary tract surgery, having medical or surgical treatment due to BPH currently or in the past, diagnosis of prostate and/or bladder cancer, urinary tract infection, bladder stones, neurogenic bladder, bladder pain syndrome and renal failure.

An online survey including demographic data, daily habits, lower urinary tract symptoms and Turkish validated OAB and ICIQ-SF questionnaires were given to all patients included in the study. Second part of the survey including the clinical evaluation and management of the patient was filled by the physician treating the patient. Then, all the data were transferred to the web based database system.

Results

The data of 158 patients (121 women and 37 men) from 14 centers were included in this preliminary report. Mean patient age was 53.8 in women and 44.4 in men. Bladder diary was requested in 65.8% of the patients by the participating urologists. Mean OAB scores were 26.58±6.89 in women and 23±7.47 in men and the difference was not statistically significant (P=0.064). Behavioral therapy was recommended to 81.9% of the patients. In the first visit, 89% of the patients were given antimuscarinics. The ratios of dry and wet OAB were 15.2% and 84.8%, respectively. The degree by which quality of everyday life was affected according to ICIQ-SF questionnaire did not exhibit a significant difference between dry and wet groups (p>0.05).

Interpretation of results

The majority of the studies regarding the management of OAB report the outcomes of various treatments. The guidelines are mainly based on the outcomes of the clinical trials with high level of evidence. The management of OAB in daily practice among urologists as initial treatment or the strategies in refractory patients was not investigated before. We have found that in more than half of the patients, bladder diaries were used for diagnosis. Although behavioral therapy was frequently used, antimuscarinics were recommended in most of these patients which means behavioral treatment was not used alone.

Concluding message

This is the first study investigating the management of OAB in daily practice of urologists. In this preliminary report, the design and the initial results were reported. With the final results, we will be able to comment on the real practice patterns of the urologist for OAB and to understand how the daily practice is compatible with the recommendations in the guidelines.

Disclosures statements

None.