

THE IMPACT OF OVERACTIVE BLADDER ON FAMILY MEMBERS

Hypothesis / aims of study

Overactive Bladder (OAB) has been shown to have a significant impact on patients' quality of life and to interfere with daily activities, travel, sleep, and personal relationships [1,2]. However, little is known about the impact of OAB on patients' family members. Limited research suggests that the symptom of urinary incontinence is a significant burden on family members, requiring substantial caregiving time [3]. The goal of this study was to conduct focus groups to identify issues faced by family members of patients with OAB. Whereas most research on the family impact of disease has focused on the impact of caregiving, this study examined the impact of patients' symptoms on non-caregiving family members' daily lives.

Study design, materials and methods

Family members and patients were recruited from a urology clinic and via newspaper advertisements. Focus groups began with a standardized introduction and followed a standardized guide to facilitate discussions and optimize consistency and comprehensiveness across focus groups. All sessions were audiotaped and transcribed for detailed review. All participants completed a brief demographic form, and patients completed the Overactive Bladder Questionnaire (OAB-q), a condition-specific health-related quality-of-life (HRQL) measure. Descriptive statistics were used to summarize demographic and clinical characteristics. Content analysis was used to evaluate the qualitative information gathered during the focus groups.

Results

Participants were 17 family members of continent OAB patients and 28 dyads consisting of incontinent patients and their family members. Family members were primarily spouses, significant others, or daughters. Although the most bothersome symptom varied depending on the respondent, urinary frequency and nocturia were consistently the most bothersome symptoms for family members of OAB patients. Nearly all family members reported that their partners' urinary frequency had significantly altered their lives and limited a wide range of activities (eg, outdoor activities, travel, transportation, social activities). Nocturia had a significant impact on sleep for both the patient and family member with fatigue being a common physical complaint voiced by the family member. Family members indicated that their partners' OAB symptoms also had a powerful emotional impact including embarrassment, anxiety, anger, worry, irritation, stress, frustration, annoyance, and sympathy. Some spouses and daughters emphasized that their family members' OAB had placed a strain on their relationship. Almost all family members said that their partners' OAB symptoms, particularly urinary frequency, had a powerful time impact because of a persistent, and often urgent, need to find a toilet. Coping strategies included toilet mapping, allowing extra time for bathroom stops, and planning activities only where a bathroom would be available. Several spouses reported that OAB symptoms had placed limitations on their sexual interactions and intimacy.

Interpretation of results

Based on the focus group discussions, it is apparent that both continent and incontinent OAB symptoms have a significant impact on OAB patients' family members as well as the patients themselves. In general, continent symptoms such as urinary urgency and frequency were noted to be more bothersome than urinary incontinence from family members' perspective.

Concluding message

Results suggest that it is important to assess family member impact of symptom-based diseases such as OAB to understand the broader outcomes of disease and treatment. It would be useful for family member impact measures to be developed and validated for use in evaluating OAB treatment outcomes.

References

1. Psychometric validation of an overactive bladder symptom and health-related quality of life questionnaire: the OAB-q. *Qual Life Res.* Sep 2002;11:563-574.
2. Health-related quality of life among adults with symptoms of overactive bladder: results from a U.S. community-based survey. *Urology.* Jun 2001;57:1044-1050.
3. Informal caregiving time and costs for urinary incontinence in older individuals in the United States. *J Am Geriatr Soc.* 2002;50:733-737.

FUNDING: Pfizer, Inc