

DEVELOPMENT OF A QUESTIONNAIRE TO EVALUATE THE OVERACTIVE BLADDER SYNDROME AND ITS IMPACT ON THE QUALITY OF LIFE

Hypothesis / aims of study

The Overactive Bladder Syndrome (OABS) is defined as urgency, with or without incontinence, usually with frequency and nocturia [1]. The aim of the study was to develop a suitable questionnaire to reveal the diagnosis Overactive Bladder Syndrome in patients, where the diagnosis was a different after the physical examination and evaluation of the patient's history. This questionnaire should also help to measure the incidence of patients with OABS in an urogynaecological outpatients' department and the influence of its symptoms on the Quality of Life (QoL) in these patients.

Study design, materials and methods

We developed a questionnaire with 6 questions corresponding to the ICS-defined symptoms of an OABS. These questions were linked to a visual analog scale (VAS) where the patients were able to mark how strongly the symptoms influenced their QoL (score 0=no influence; score 13.5=maximum influence). In a period of 2 months, every patient of our urogynaecological outpatients' department received the questionnaire before the physical examination. The questionnaire was not noted by the examining physician.

Results

In 2 months, 208 patients visited our outpatients' department. One hundred and forty patients (67.3%) (median age: 61.1 years; range: 26-93 years) completed the questionnaire sufficiently. In 68 patients (32.7%) the questionnaire was incomplete for several reasons (e.g. German not the native language, reading difficulties because of forgotten eye-glasses). These data were excluded from statistical analysis. One hundred and seven (76.4%) patients had symptoms of an OABS. In 58 patients (41.4%) the diagnosis at the end of the physical examination and medical history was not OABS, although these patients had marked all symptoms of an OABS in the questionnaire. All patients with diagnosed OABS were also positive for OABS in the questionnaire. In correspondence to the results of the questionnaire, the symptoms urge, incontinence, stress incontinence, frequency, nycturia and pain stated 107 (76.4%), 102 (72.9%), 108 (77.1%), 97 (69.3%), 115 (82.1%), 38 (27.1%) patients, respectively. The diagnosis stress urinary incontinence, urge urinary incontinence/OABS, mixed urinary incontinence, pelvic organ prolapse (with or without urinary incontinence), and "other" had 56 (40%), 24 (17.1%), 27 (19.3%), 15 (10.7%) and 18 (12.9%) patients, respectively. The diagnosis urge urinary incontinence and mixed urinary incontinence had a significant impact on the patient's Quality of Life reflected in an higher median QoL-score in patients with these symptoms ($p < 0.0001$). In patients with the symptoms urgency, urinary incontinence, and nycturia the median QoL-scores correlated significantly with the age of these patients ($p < 0.02$). The diagnosis stress urinary incontinence, urge urinary incontinence, mixed urinary incontinence, pelvic organ prolapse, and "other" after physical examination had 39 (27.9%), 24 (17.1%), 25 (17.9%), 9 (6.4%), 10 (7.1%) patients who had OABS according to the results of our questionnaire, respectively. The consistency between the diagnosis of the physician and informations of the questionnaire, showed a weak correlation ($\kappa = 0.25$; CI 95% 0.15-0.35).

Interpretation of results

According to the results of our questionnaire, the incidence of an OABS seems to be higher in selected patients of an urogynaecological outpatients department, than in an unselected population [2]. Urge urinary incontinence/OABS and mixed urinary incontinence seem to have the most negative impact on a patient's Quality of Life and their symptoms are experienced as most bothersome. The negative impact of urgency, urinary incontinence and nycturia, on the QoL-score in patients with these symptoms seems to correlate with the patient's age. The weak correlation of the results of our questionnaire with the diagnosis of the physician, may contingently be found in the patient's realization of symptoms when reading about them in a

questionnaire, but being unable to express them in the potentially stressful atmosphere of a consultation-hour.

Concluding message

The incidence of OABS seems to be higher than expected in a selected group of patients. OABS and mixed urinary incontinence are the most bothering diagnoses, reflected in their negative influence on QoL in these patients. There is an inverse correlation of QoL and age in patients with the symptoms urgency, urinary incontinence and nycturia.

References

- [1] Abrams P. et al., Neurourol Urodyn 2002;21:167-78.
- [2] Milson I. et al., BJU Int 2001;87:760-6.