

WHAT DETERMINES PATIENT SATISFACTION IN THE TREATMENT OF OVERACTIVE BLADDER?

Hypothesis / aims of study

The treatment results in patients with overactive bladder (OAB) are typically expressed as absolute or percent alterations of the key symptoms urgency, incontinence, frequency and nocturia. As patient bother is only moderately correlated with symptom severity, we aimed to explore to what extent patient-perceived benefit is associated with symptom improvement and bother reduction.

Study design, materials and methods

In order to yield results which are useful for routine use, we have based our post-hoc analysis on a database which had been generated in an open-label, post-marketing observational setting. For this we have chosen the post-treatment data (last observation carried forward) from a study performed in Germany involving 3824 OAB patients who were treated with tolterodine ER 4 mg q.d. for 9 months (1). About one third of these OAB patients were continent at baseline. The number of urgency, incontinence, daytime micturition and nocturia episodes per 24 h was quantified in all patients. Three scales were used to additionally measure urgency and bother. One of them was a validated 3-point scale (“usually not able to hold urine”, “usually able to hold until I reach toilet”, “usually able to finish what I’m doing before going to toilet”) (2). A second validated scale asked the patient to rate the bother of the OAB symptoms on a validated 6-point scale (“my condition causes me no, few very minor, few minor, moderate, severe, many severe problems”) (3). A third scale asked patients how much their bladder problems limited their daily life activities on a visual analogue scale of 0 to 10 (none to very much). A similar visual analogue scale was used to rate patient satisfaction with treatment. The data were used in a Spearman-correlation analysis.

Results

The patient satisfaction with treatment was strongly correlated with absolute alterations of the visual analogue scale for limitations of daily life activities ($r = 0.61$) or those of the 6-point bother scale ($r = 0.59$). The patient satisfaction with treatment correlated less with alterations of the number of urgency, incontinence, daytime frequency or nocturia episodes. Within each symptom, the correlation was weakest when absolute differences were assessed and strongest when percent differences were measured with intermediate values for the log-transformed absolute differences (for urgency $r = 0.31, 0.52$ and 0.47 ; for incontinence $r = 0.14, 0.49$ and 0.23 ; for daytime frequency $r = 0.28, 0.35$ and 0.35 ; for nocturia $r = 0.30, 0.42$ and 0.41 . respectively). Absolute alterations in the visual analogue scale for limitations in daily life were moderately correlated with percent changes in the number OAB symptoms ($r = 0.41-0.51$); the use of log-transformed or percent changes on the visual analogue scale weakened such correlations.

Interpretation of results

Our data demonstrate that long-term treatment with tolterodine ER reduced symptom episodes, bother, and limitations of daily life. The patient satisfaction with treatment depends on both, alterations of bother and of episodes of urgency, incontinence, daytime frequency and nocturia. In this regard alterations of bother appear to have greater impact.

Concluding message

We conclude that alterations of bother may better reflect patient-relevant outcomes in OAB treatment than alterations in the number of episodes of urgency, incontinence, daytime frequency or nocturia.

