

Ergen A¹, Arikan N², Cetinel B³, Tekgul S¹, Gurdal M⁴, Kayigil O⁵, for .⁶

1. Hacettepe University, Medical Faculty, Department of Urology, 2. Ankara University, Medical Faculty, Department of Urology, 3. Istanbul University, Cerrahpasa Medical Faculty, Department of Urology, 4. Ankara Education and Research Hospital, Urology Clinics, 5. Ataturk Education and Research Hospital, Urology Clinics, 6. Continence Society Working Group

A MULTI-CENTER OBSERVATIONAL STUDY TO EVALUATE THE OVERACTIVE BLADDER SYMPTOMS AND TREATMENT SEEKING BEHAVIOUR OF UROLOGY OUTPATIENTS IN TURKEY

Hypothesis / aims of study

Overactive Bladder (OAB) is defined as having symptoms of frequency, urgency and urge incontinence, occurring either singly or in combination, which are not explained by metabolic or local pathological factors.¹ OAB affects millions of people throughout the world.² *Overactive Bladder Screener* (OAB-V8) was developed as a screener to help patients and physicians to identify individuals who may be affected by this condition.³ This study aimed to describe and identify the number of people with OAB symptoms presenting in urological outpatient practices by using the OAB V8 screener.

Study design, materials and methods

Subjects were ≥ 18 age and randomly recruited from the population attending urology clinics throughout Turkey. Data collected included socio-demographics, medical history, concurrent diseases, medications used, and lower urinary tract symptoms. The Turkish version of OAB V8, which was developed and linguistically and culturally validated following internationally recommended procedures.⁴

Results

A total of 3047 patients from 76 urology clinics participated in this study (mean age 44.3, 62.1% male) and a total of 2981 patients were included in the analysis. 46.9% of this total urological patient population had OAB-V8 score ≥ 8 indicating need for further physician evaluation for OAB and were accepted as having possible OAB symptoms (+). 42.5% of male and 54.0% of female patients were screener (+) ($p < 0.001$). The mean OAB-V8 score of screener (+) and screener (-) patients were 15.1 ± 6.3 and 3.7 ± 1.9 respectively ($p < 0.001$). Duration of OAB complaints is 991 ± 1483 days for the total OAB screener (+) patients. 66.5 % and 74.0 % of the male and female OAB screener (+) patients share their complaints with relatives.

OAB is common and chronic disorder but millions of people with OAB go undiagnosed and untreated⁵. In this study consultation-seeking behaviour and social demographic data of OAB screener (+) and (-) patients are identified and presented in the table. Although 40.7 % of OAB V8 screener (+) patients have used medication for their lower urinary tract symptoms, only 4.7 % of the patients are treated with an antimuscarinic.

Table:

	OAB-V8 screener (-)	OAB-V8 screener (+)	Total screener (+) and screener (-)
	Total	Total	Total
n	1532	1354	2886
Age (years)	41.4	47.6	44.3
Sex (%)			
Male	67	56	62.1
Female	33	44	37.9
Former physician visit (%)	39.5	57.1*	51.6
Former medication usage for the complaints (%)	20.7	40.7*	34.5

Data is presented as mean *OAB-V8 screener (+) vs. (-), $p < 0.001$, Chi Square

Interpretation of results

OAB Symptoms of urgency, frequency, urge incontinence and nocturia, as detected by the OAB V8 Screener were quite common in this urological clinic population. No confirmatory diagnosis was performed so the prevalence of OAB in this urologically complicated population was not determined. However, a prevalence above that of national prevalence rates, as reported in international studies of 10 to 22% would be expected.¹ Yet treatment with effective anti-muscarinic agents was very low only 4.7% in the current study.

The mean duration of the complaints is 30.7 for males and 35.8 months for females. The patients with OAB symptoms visited physicians more than the other patients and it was shown that these patients have higher rate of former medication usage for the complaints than OAB screener (-) patients. All of these facts suggest that OAB is not questioned enough while planning the treatment or patients do not express their physicians sufficiently enough for considering OAB. As a result, this may have contributed to the under diagnosis and treatment for this condition.

Concluding message

The OAB-V8 is a useful screening tool to help physicians identify patients with bothersome urological symptoms. Although possible OAB population prevalence is high at urology clinics, OAB is not considered and questioned sufficiently in patients that visit urology outpatient clinics which leads to underdiagnosis, under and inappropriate treatment of OAB.

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