

PREVALENCE, SYMPTOM BOTHER, AND HEALTHCARE SEEKING AMONG INDIVIDUALS WITH OVERACTIVE BLADDER: RESULTS FROM THE EPIC STUDY

Hypothesis / aims of study

A multinational study evaluated the prevalence and burden of overactive bladder (OAB) symptoms among men and women ≥ 18 years of age. This subanalysis estimates the proportion of OAB cases who are bothered by their urinary symptoms, seek medical care, and use symptom coping mechanisms.

Study design, materials and methods

This was a cross-sectional, population-based survey (aged ≥ 18 y) in Canada, Germany, Italy, Sweden, and the United Kingdom (N=19,165). Computer-assisted telephone interviews were conducted with a geographically stratified random sample of the populations. The 2002 International Continence Society (ICS) definition of OAB and urinary incontinence (UI) was used to classify participants. To account for the underlying sampling frame and to provide representative population prevalence estimates, the sample population was weighted by age, sex, household size, and country size. Women who were pregnant and individuals who thought they may have a urinary tract infection were not eligible for the nested case-control study. Cases were individuals with OAB symptoms and controls were randomly selected from individuals without OAB symptoms within the cohort age and gender categories. Two validated measures were used to define symptom bother in OAB cases: the Patient Perception of Bladder Condition (PPBC) and the Symptom Bother Scale of the Overactive Bladder Questionnaire (OAB-q). Individuals who met either of the following criteria were classified as bothered: PPBC positive responses indicating their bladder condition caused them minor, moderate, severe, or many severe problems; OAB-q Symptom Bother Scale score >15 for men and >20 for women. Among the bothered OAB cases, the proportion of individuals initiating a discussion with a clinician about their urinary symptoms was calculated. The overall proportion of OAB cases and controls reporting urinary symptom coping techniques is reported and among OAB cases the use of any prescription treatment for urinary symptoms is described.

Results

The overall prevalence of OAB for individuals ≥ 18 years old was 11.8% (10.8% men; 12.2% women) and for those ≥ 40 years old was 13.9% (13.1% men; 14.6% women). Among cases (≥ 18 y) with OAB, 28.0% of men and 44.5% of women experienced UI. OAB cases used coping techniques significantly more frequently than controls, and those with UI used coping techniques more frequently than those without UI (**Table**). Approximately, 53% of OAB cases were classified as bothered, and men were significantly more bothered than women (**Figure**). Approximately 51% of the bothered OAB cases had discussed their urinary symptoms with their healthcare provider, compared with 21% of those who were not bothered (**Figure**). Prescription medications were used for urinary symptoms among 14.8% of OAB bothered cases and 7.8% of cases classified as 'not bothered'.

Interpretation of results

The overall prevalence of OAB in these 5 countries was 11.8%, or about 1 in 8 adults. This is the first population-based study to evaluate the prevalence of OAB and UI in adults using the 2002 ICS definition. Slightly more than half of the OAB cases reported symptom bother and this was reported more frequently among those with UI and among men. Individuals reporting bother sought healthcare more often than those who did not report bother. Respondents reporting OAB were significantly more likely to use symptom coping techniques than those without OAB.

Concluding message

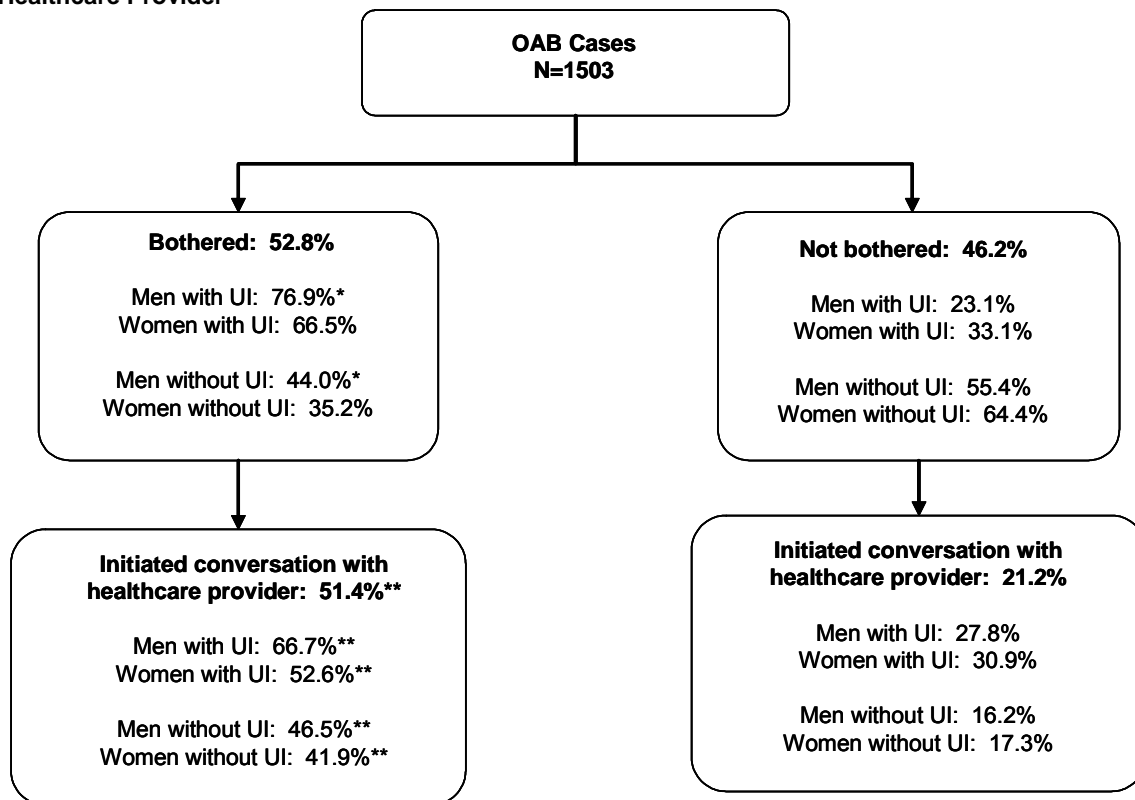
OAB is a common condition in the general population of these 5 countries. Many patients with OAB are bothered by their symptoms and would be candidates for appropriate treatment but do not seek medical care.

Table. Use of Coping Techniques Among Men and Women (Aged ≥ 18 y) With OAB

| | Limit Fluid Intake | Absorbent Products | Physiotherapy or Exercises | Non-Prescription Products | Any Coping Technique |
|----------------|--------------------|--------------------|----------------------------|---------------------------|----------------------|
| Men | | | | | |
| Controls | 2.2 | 0.1 | 1.1 | 1.3 | 4.3 |
| OAB without UI | 6.5* | 1.4* | 3.4* | 3.1* | 12.5* |
| OAB with UI | 19.9* | 14.1* | 5.8* | 5.8* | 35.3* |
| Women | | | | | |
| Controls | 1.9 | 3.9 | 4.6 | 2.8 | 11.8 |
| OAB without UI | 3.6* | 14.9* | 10.8* | 3.1* | 30.1* |
| OAB with UI | 15.9* | 45.4* | 18.5* | 5.0* | 60.9* |

* $P \leq 0.05$ for OAB with UI vs controls and OAB without UI within sex.

Figure. Disposition of OAB Cases (≥ 18 y) by Sex, UI Status, Bother, and Initiation of Conversation with a Healthcare Provider



* $P=0.05$ bothered men vs bothered women by incontinence status.

** $P=0.05$ bothered vs not bothered within sex by incontinence status.

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HUMAN SUBJECTS: This study was approved by the Regional Ethics Committee in Gothenburg, Sweden (diary# 305-05); Sunnybrook & Women's College (for Canadian English); IRB Services (for Canadian French) and followed the Declaration of Helsinki Informed consent was obtained from the patients.