HYPOTHESIS / AIMS OF STUDY
Treatment adherence: Beliefs, behavior, education, psychological aspects, family support, posology, reminders… Beliefs, expectations, perceptions, doctor-patient communication.

Aims:
• To know the perception of the urologist in the treatment adherence in OAB
• Barriers and the reasons for non-adherence
• Perception regarding communication with the patient
• To know the changes in the perception of the urologist after reviewing a common non-interventionist educational training brochure for doctors and patients on aspects relate to medication adherence.

STUDY DESIGN, MATERIALS AND METHODS
Cross-sectional, descriptive study. Sample Purpose from the AEU. Voluntary participation - Web survey (Questions - Likert scale).

Intervention: Information brochures which contains main ideas on treatment adherence and a brief explanation of each one. For doctors, with advice on how to approach and communicate better and for patient, aspects related to overactive bladder, chronically of the disease, expectations and encourage doctor to ask questions about OAB and treatment considerations.


RESULTS
440 urologists (43 years-old, 77% male, 94% public practice and 13 years in the specialty)

1.- PERCEPTION OF TREATMENT ADHERENCE

2.- KNOWLEDGE OF ADHERENCE BARRIERS AND STRATEGIES TO IDENTIFY NON-ADHERENCE

The main reasons indicated by doctors for low adherence are unfulfilled expectations, fear of adverse effects and costs.

3.- UROLOGIST PERCEPTION ABOUT MEDICAL-PATIENT COMMUNICATION

INTERPRETATION OF RESULTS
Most of the treated aspects were improved after the doctor's review and the discussion of the information brochure with the patient: A minimal intervention can improve adherence.

CONCLUDING MESSAGE
Urologist's perception of the disease and its treatment is important for adherence in OAB. Doctors overestimate treatment adherence and tend to decrease importance about it. Active participation of the doctor and doctor-patient communication is one of the main aspects to improve treatment adherence.