600

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ASSOCIATION BETWEEN URGENCY AND URGENCY BOTHER/TREATMENT SATISFACTION IN PATIENTS WITH OVERACTIVE BLADDER WHO UNDERWENT PHARMACOTHERAPY AND BEHAVIORAL THERAPY

Hypothesis / aims of study
To examine the relationship between urgency (U) improvement and urgency bother (UB)/treatment satisfaction (TS) in patients with overactive bladder (OAB) whose U were improved by treatments.

Study design, materials and methods
Male patients with OAB with 1 episode of urgency daily received propiverine hydrochloride (10 mg, once daily in the morning) for 2 months and concurrently underwent behavioral therapy. Parameters were analyzed in 40 patients whose symptoms were improved by the treatments, and they were assigned to the following groups: group A consisting of 20 patients whose frequency of urgency reduced and whose urgency intensity (0-9 in Visual Analogue Scale) remained unchanged; and group B consisting of 20 patients whose frequency of urgency remained unchanged and whose intensity of urgency improved. Time-course changes in 1) maximum voided volume, 2) UB-VAS, 3) TS-VAS, and 4) urgency change with time during treatment were determined. 5) The following two questions were posed to patients in group A: a) “To what extent do you desire frequency of urgency be reduced? and b) Do you think that UB is bettered only by improving intensity of urgency without change in frequency?, if so to what extent do you desire intensity of urgency be reduced?” 6) The following questions were posed to patients in group B: a) “To what extent do you desire frequency of urgency be reduced? and c) Do you think that UB is bettered only by improving frequency of urgency without change in intensity?, if so to what extent do you desire intensity of urgency be reduced?”

Results
In group A, frequency of urgency reduced (from 7 to 3 voids/week, median), and intensity of urgency remained unchanged (7.5 in median).
In group B, frequency of urgency remained unchanged, and intensity of urgency decreased significantly (from 8.0 to 3.0 in median).
1) MVV increased from 140 mL to 190 mL in group A and from 130 mL to 270 mL in group B ($p<0.0001$).
2) UB-VAS decreased from 7.0 to 5.5 in group A and from 7.0 to 2.0 in group B ($p<0.0001$).
3) TS-VAS was 4.5 in group A and was 7.5 in group B ($p<0.0001$).
4) Warning time (WT) prolonged from 1 to 2 weeks after treatment onset, and patients became aware of leeway for going to the toilet. Patients could gradually undergo bladder training more positively since then. In group A, frequency improved from mild urgency to strong desire to void (SDV: defined as ≥ 30-minute WT). In group B, intensity improved from moderate/severe urgency to mild urgency (defined as ≥ 30-second WT).
5) Reply to a): ≤ 1 episode of urgency per week
Reply to b): UB improves when intensity betters by ≥ 50%.
6) Reply to a): ≤ 2-3 episodes of urgency per week
Reply to c): UB does not improve unless intensity betters.

Interpretation of results
The results from the present study suggested that the improvement of intensity rather than frequency of urgency contributes to the improvement of UB and TS of OAB. Furthermore, we concluded that the improvement of urgency was attributable to a continuous and gradual decrease in intensity peak and to the shift in intensity from (mild) urgency to SDV, and clinical distinction between urgency and SDV was almost impossible during treatment.

Concluding message
More clear and objective definitions between urgency and SDV (definition by WT, evaluation of intensity using VAS, etc.), also more considerations to UB/TS might be necessary to manage OAB appropriately.

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Is this study registered in a public clinical trials registry?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**Kobe Medical Center institutional ethical committee**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**