

patients completed the SNM pre-implant evaluation; data from 265 subjects were included in EQ-5D or EQ analyses. Matched paired t-tests compared EQ-5D scores and costs from baseline to each follow-up. **RESULTS:** Baseline mean EQ-5D index score (n=265) was 0.777. Index scores significantly improved ($p<0.05$) from baseline at each follow-up period [3-months (n=247)=0.850, 6-months (n=246)=0.828, and 12-months (n=232)=0.839]; the largest improvement in scores (0.073) was at 3 months. The proportion of patients reporting no problems on the EQ-5D dimensions of Usual Activities, Anxiety/Depression and Pain/Discomfort and Self-Care increased from 61.2% (baseline) to 72.0% (12 months); 57.3% to 69.4%; 40.9% to 50.9%, and 93.1% to 95.3%, respectively; the Mobility dimension had a non-significant decline (68.5% to 66.4%). At baseline, study subjects reported a 3-month average expenditure of \$228 (US) for durable and disposable medical supplies and health service utilization; 74% of the expenditure was attributed to ER, hospitalization and outpatient health services use. Expenditures significantly declined ($p<0.05$) by an average of \$163 per 3-month period post-implant. **CONCLUSIONS:** After receiving SNM implant, EQ-5D index scores were significantly improved and self-reported durable and disposable medical supplies and health service expenses to manage OAB were significantly reduced.

PUK28

THE MINIMAL IMPORTANT DECREASE OF HEALTH UTILITY IN LIVING KIDNEY DONORS

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OBJECTIVES: 1) To determine what is the utility change for kidney donors from before to 3 months after donation; 2) To determine the minimal important difference (MID) of a decrease (MIDe) in utility for kidney donors. **METHODS:** We used data from a prospective multicenter observational study, measuring the Health Related Quality of Life (HRQoL) of kidney donors before and three months after transplantation. Utility scores were estimated using the SF-6D and EQ5D. Two methods were used to estimate the MIDe: i) the anchor-based method by the Global Rating of Change (GROc) for donors rating their global health “somewhat worse” 3 months after donation; ii) the distribution-based method by the standard error of measurement (SEM). **RESULTS:** In total, 211 donors for the EQ-5D and 192 for the SF-6D completed the questionnaire. Results showed a significant ($p<.0001$) decrease in utility score at three months. The mean (SD) utility score before transplantation was 0.932 (± 0.091) with the EQ5D, and 0.834 (± 0.085) using the SF-6D, and 0.882 (± 0.151) and 0.757 (± 0.118) respectively at three months with a significant decrease ($p<.0001$). Half of donors (53.9%) rated their global health “about the same” and 35 (15.4%) “somewhat worse” at follow up. Using the GROc method, the MIDe was -0.113 units for the EQ-5D and -0.128 units for the SF-6D. By the SEM method, MIDe was -0.076 for the EQ5D and -0.073 for the SF6D. More than third of patient rehead the MIDe using the SEM method. **CONCLUSIONS:** This study showed a significant decrease in utility score three months after donation in most donors while reporting their global health “about the same”. The MIDe can be used by clinician as a threshold to identify donors with a meaningful decrease in utility score in a short run after donation.

PUK29

FREQUENCY OF LOWER URINARY TRACT SYMPTOMS IN MEN AND WOMEN IN HUNGARY – RESULTS OF AN OPEN LABEL QUESTIONNAIRE STUDY FROM 2012

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OBJECTIVES: Urinary incontinence (UI) is a public health issue with a considerable social and economic impact. It affects temporarily or permanently about 400 000 500 000 adults in Hungary. The purpose of our study was to estimate the prevalence, consultation rates and treatment behaviour of the adult population. **METHODS:** In 2012 a 15-item questionnaire survey was performed as a part of a mobile health unit screening “The comprehensive health test program of Hungary 2010-2020”. **RESULTS:** Altogether 13 355 respondents (60.4% female) completed the questionnaire, the mean age was 40.2 years (SD 12.2). The prevalence rate of UI was 9.7% (n=786) of women and 3.8% (n=200) of men. Consultation rates were 22.9% (n=180) for women and 32.5% (n=65) for men. Seventy-three women (40.6%) consulted a gynaecologist, 37 (20.5%) a GP, 46 (25.6%) an urologist and 24 (13.3%) consulted more than one physicians. Five men (7.7%) consulted a GP, 44 (67.7%) an urologist and 16 (24.6%) didn't answer. Among those who consulted a physician 52.2% (n=94) of women and 66.2% (n=43) of men found solution for their urinary symptoms. In the group of respondents who consulted a doctor (n=245) the most common therapies were medications, surgical treatment, absorbent pads or any combination of the foregoing. In the group who self-managed their symptoms without consulting a doctor (n=741) absorbent products and/or pelvic muscle training were the most frequently applied therapies. **CONCLUSIONS:** Our prevalence results are in line with the international UI screenings. We found low medical consulting rates and the majority of the respondents having symptoms used self-management techniques for UI.

PUK30

ELICITATION OF HEALTH-RELATED QUALITY OF LIFE CONCEPTS ASSOCIATED WITH OVERACTIVE BLADDER

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OBJECTIVES: To review and identify HRQL dimensions in dry and wet OAB patients through literature review and patient interviews. **METHODS:** A literature review on OAB HRQL was performed using the EMBASE database. Specialized forums were also searched for relevant HRQL issues reported by OAB patients. A trained psy-

chologist conducted semi-structured individual interviews with 2 clinical experts and 30 patients in the UK recruited through general practitioners. Clinical experts were asked to identify key concepts attributable to the overactive bladder (symptoms). Patients were asked to describe their symptoms and impact on HRQL and rate them. All patient responses were coded using code frequency and bother ratings. **RESULTS:** Seven men, 23 women were interviewed; the majority of patients were older than 65 years. 50% of the patients were incontinent. Preliminary analysis suggests that OAB affects the patient's quality of life on several aspect of their life: psychological (embarrassment and worry), occupational limitations, domestic (usual activities) and limitations in leisure activities. All patients reported that feeling the need to go “too often” to the bathroom (urgency and frequency) led to significant limitations such as avoidance of any unplanned activities. HRQL concepts were similar across the different age group. As expected, patients suffering from urgency incontinence reported this symptom as being the most impactful, especially in terms of embarrassment and worry. **CONCLUSIONS:** Although the impact of all OAB symptoms was found to be significant and similar across all patients regardless of their age, the greatest impact or burden of OAB was felt and reported by wet patients compared to dry patients.

PUK31

HEALTH RELATED QUALITY OF LIFE OF PATIENTS WITH BLADDER CANCER IN HUNGARY

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OBJECTIVES: Bladder cancer (BC) is the fourth most common malignancies among men and it has high medical costs per-patient from diagnosis until death. Generally little is known about the burden BC imposes on patients' health-related quality of life (HRQL) and the literature lacks detailed utility data for economic evaluations in BC. The authors' goal was to assess the HRQL and health status utility of BC patients. **METHODS:** A cross sectional survey was performed in three hospital based urology centres. Adult patients with BC attending routine care were invited to participate in the study. Data on demographics, disease history and co-morbidities were obtained, validated versions of the EQ-5D and SF-36 generic questionnaires were applied. The UK tariffs were used to calculate EQ-5D score and the SF-36 was converted to SF-6D utilities. Disease-specific HRQL was assessed by the FACT-BL questionnaire. **RESULTS:** Altogether 98 patients (males 63.3%) were involved with mean age of 66.4 (SD=8.6) and disease duration of 3.4 (SD=3.0) years. The SF-36 physical and mental health summary measures were 62 (SD=24), 65 (SD=24), respectively, the scores of the 8 domains were comparable to the >65 years old general population's results. The average SF-6D, EQ-5D and EQ VAS utility scores were 0.705 (SD=0.145), 0.772 (SD=0.252) and 68.8 (SD=19.0). The difference of EQ-5D score compared to the age-matched population norm was not significant ($p=0.65$). The FACT-BL physical, social, emotional and functional well-being scores were mean 23.1 (SD=5.4), 20.6 (SD=5.7), 18.1 (SD=5.1) and 19.0 (SD=6.7), the total score was 114.0 (SD=23.5). **CONCLUSIONS:** According to our knowledge this study is the first to assess BC patients' HRQL using diverse preference based measures. Further studies involving larger samples might increase our knowledge on the performance of these questionnaires in BC subgroups by disease stage, type of treatment and urinary diversion.

PUK32

THE BURDEN OF UNTREATED PATIENTS EXPERIENCING SYMPTOMS OF OVERACTIVE BLADDER

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OBJECTIVES: The reluctance of those with overactive bladder OAB to seek medical advice can leave a considerable part of the population untreated, with significant costs for society. The present study investigates the burden of individuals who experience symptoms of OAB but are not treated. **METHODS:** Data were taken from the 5EU (France, Germany, Italy, Spain, and UK) 2013 National Health and Wellness Survey (NHWS), a cross-sectional survey representative of the total adult populations in each 5EU market. 62,000 respondents self-reported physician diagnosis of various health conditions, including 1,347 who reported symptoms compatible with OAB. These respondents were compared to those who didn't report symptoms of OAB. Variables of interest were demographics (age, gender, marital status, education, income and employment status), BMI, alcohol and smoke behaviour, health-related quality of life (HR-QoL), work productivity and activity impairment (WPAI). **RESULTS:** The OAB group, compared to the controls, was older (57 vs. 47 years), with a lower education level (49.14% went to college vs. 54.49%), less were in a relationship (26.43% vs. 31.82%), less were employed (35.04% vs. 58.15%), more were obese (31.11% vs. 17.22%), they had lower HR-QoL (SF-36v2, PCS: 42.09 vs. 51.36; MCS: 42.55 vs. 46.25; Utility: 0.62 vs. 0.73), had lower work productivity (overall work impairment of 34.46 vs. 20.03) and higher activity impairment (46.07 vs. 24.35). All differences were significant ($p<0.001$). **CONCLUSIONS:** Respondents reporting symptoms compatible with OAB but are not treated and would not be captured by clinical studies, are significantly worse-off than the rest of the population, e.g. in their quality of life, income and work productivity. It is likely that undergoing treatment would benefit them and decrease health care costs.

URINARY/KIDNEY DISORDERS – Health Care Use & Policy Studies

PUK33

ANTIBIOTIC UTILIZATION IN COMPLICATED URINARY TRACT INFECTION IN A TERTIARY CARE TEACHING HOSPITAL IN SOUTH INDIA

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