THE RELIABILITY AND VALIDITY OF A NEW OAB-SPECIFIC HRQL QUESTIONNAIRE (OAB-Q)

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OBJECTIVES: Most health-related quality-of-life (HRQL) bladder questionnaires address the impact of incontinence; however, OAB includes frequency and urgency symptoms without incontinence. Thus, a questionnaire was developed to assess the impact of OAB on HRQL in patients with and without incontinence. METHODS: The 61-item self-administered OAB-q contains a symptom and HRQL scale. Both the OAB-q and the SF-36 were completed by participants recruited from: 1) a community sample who screened positive for OAB in a telephone survey and participated in a clinical validation study (n = 254); 2) a clinical study for those seeking treatment for OAB symptoms (baseline)(n = 736). Item analysis and exploratory factor analysis (EFA) were performed to assess factor structure. Psychometric evaluation was conducted to assess internal reliability and validity. RESULTS: Of the 911 participants, the clinical diagnoses were: normal = 130, OAB with incontinence (OAB-I) = 552, OAB without incontinence (OAB-C) = 229. Mean age = 59.5; 74.4% were women. EFA revealed 1 domain for symptom distress and 4 domains for HRQL: coping, concern/emotional, sleep and social interactions. Both OAB-I and OAB-C participants reported significantly greater symptom distress and HRQL impact than normals. Significant differences between OAB-I and OAB-C participants were present in all OAB-q subscales except sleep where both groups were highly affected. Internal consistency reliability of the symptom distress scale was 0.86 and the HRQL subscales ranged from 0.88–0.94. The OAB-q subscales correlated moderately well with the SF-36 subscales (r = 0.17–0.52) providing validity evidence. The OAB-q was reduced to 34 items: 8 symptom distress and 26 HRQL items. CONCLUSIONS: The OAB-q is a reliable and valid instrument that can discriminate between clinically-diagnosed normal, OAB-I and OAB-C participants. As the first OAB-specific HRQL questionnaire, the OAB-q demonstrates that OAB with and without incontinence causes significant symptom distress and has a negative impact on HRQL.

CLINICAL CORRELATES WITH HEALTH-RELATED QUALITY OF LIFE SCORES AND SUBSCALES AMONG CONSULTING AND NON-CONSULTING INDIVIDUALS WITH STRESS URINARY INCONTINENCE

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OBJECTIVES: To measure clinical parameters and health-related quality of life using the incontinence quality of life (I-QOL) instrument among consulting and non-consulting stress urinary incontinence (SUI) patients. METHODS: The I-QOL is a self-administered instrument that contains 22 items yielding a total score as well as three subscale scores (avoidance and limiting behaviors, psychosocial and social embarrassment). Physicians and consulting patients were identified in the UK, Germany, France, Italy, Netherlands and the US. Study participants completed questionnaires to obtain diagnostic and treatment information for patients and to also gather details on demographics, symptoms and quality of life. The non-consulting patients (those who did not consult a doctor) were also asked to complete questionnaires regarding their symptoms and quality of life. Statistical analysis included t-tests and multiple regressions, adjusting for multiple comparisons using Hochberg’s method. The analysis consisted of associations between I-QOL measures and treatment variables, diagnostic tests and severity of symptoms among consulting and non-consulting SUI patients. RESULTS: A sample of 2174 SUI consulting patients and 809 SUI non-consulting patients participated. Multivariate analysis showed that pad use among consulting patients was a predictor of the psychosocial subscale score (t = −3.52, p < 0.01) whereas leakage during exercise predicted the avoidance and limiting behaviors subscale scores among non-consulting SUI patients (t = −4.47, p < 0.05). The non-consulting SUI patients were younger than the consulting SUI patients (t = −8.99, p < 0.0001). There were no statistically significant differences in employment and marital status between the two groups. CONCLUSIONS: There were differences in association between the I-QOL subscores and symptom severity among consulting and non-consulting SUI patients. There was a significant age difference between the non-consulting and consulting SUI patients. Evaluation of I-QOL differences between consulting and non-consulting patients will require additional study.

THE INFLUENCE OF RACE ON SF-36 SCORES OF DIALYSIS PATIENTS

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OBJECTIVES: African-Americans represent one-third of dialysis patients and are known to live longer than Cau-