OBJECTIVE: A significant portion of the population endures economic, physical, and emotional burdens from overactive bladder (OAB). OAB, with and without incontinence, causes strong, sudden, and unpredictable urges to urinate. People with OAB may be at greater risk for urinary tract infections (UTIs), falls and fractures, and increased medical visits, but to date, the extent to which consequent treatment costs are associated with OAB is unknown.
METHODS: The National Overactive BLadder Evaluation (NOBLE) Program included a US survey of 5204 English-speaking adults over 18 years to estimate the prevalence of OAB. All OAB cases and age- and gender-matched controls were sent a follow-up questionnaire to assess the occurrence of UTIs, falls, and medical visits in the past year. A total of 397 (46%) patients and 522 (57%) controls returned the questionnaires. The non-response rate of patients and controls did not differ with age, gender, educational status, diabetes, congestive heart failure, or self-rated health status. UTIs and physician visits were analysed using multivariate regression models, controlling for age, gender, race, education, marital status, births, self-reported health status, and presence of diabetes and congestive heart failure.
RESULTS: People with OAB averaged 20% more physician visits ($P < .001$), had 57% more UTIs in the last year ($P < .001$), and had over twice the odds of being injured in a fall than people without OAB (OR = 2.26; 95% CI 1.46, 3.51; $P < .001$). Sensitivity analyses (removing 5% of the outliers as identified with Cook's distance) indicated that the effects were robust. Cost estimates associated with OAB in the year 2000 were approximately $1.37 billion and $273 million US dollars for UTIs and falls/broken bones, respectively.
CONCLUSIONS: OAB increases the risk for UTIs and fall injuries and results in more physician visits. OAB-related costs were over $1.6 billion US dollars in 2000. Effective treatment would likely reduce these costs.

PKU6

INTERNATIONAL PSYCHOMETRIC VALIDATION AND CROSS-CULTURAL EQUIVALENCE OF A URINARY INCONTINENCE SPECIFIC QOL SCALE (CONTILIFE®) IN SIX EUROPEAN COUNTRIES

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OBJECTIVE: Despite the significant impact of urinary incontinence (UI) on patient's Quality of Life (QoL), there is a lack of internationally validated instruments to assess QoL.
METHODS: CONTILIFE® is a specific UI 28-item QoL scale, measuring six dimensions: Daily Activities (DA); Effort Activities (EA); Self Image (SI); Emotional Impact (EI); Sexuality (SX); Well Being (WB). QoL was assessed at inclusion and after a four-week treatment period in 505 UI women from Belgium, Denmark, France, Germany, the Netherlands and the UK (mean age: 51years ± 11; mean number of urinary leakages over the past 7 days: 16 ± 14). The validity, reliability and sensitivity to change over time were assessed according to standard guidelines. In addition, Rasch modeling and Multiple Factor Analysis (MFA) were used to assess the cross-cultural equivalence and the stability over time of the CONTILIFE.
RESULTS: According to the number of urinary leakages (NUL) the clinical validity was very good. All scores were highly correlated ($p < .007$) with the NUL. The QoL scores were responsive to NUL improvement (effect sizes > 0.4), except for the SX and WB dimensions. The construct validity was good (Chronbach alpha > 0.7), with scaling success over 90% in all dimensions except DA (convergent validity 86%). The severity of the items was consistent across countries according to Rasch, but MFA showed a limited equivalence of the underlying construct across countries. Nevertheless, the stability of the scale's structure over the four-week period was excellent.
CONCLUSION: CONTILIFE demonstrated its overall validity, reliability and sensitivity to change over time in this international sample. These good properties allow researchers to include this QoL measure as an endpoint in international clinical trials dealing with female UI.

MENTAL HEALTH

PMH1

RIGOROUS CRITERIA FOR TREATMENT RESPONSE DIFFERENTIATED EFFICACY OF OLANZAPINE VERSUS HALOPERIDOL IN PATIENTS WITH SCHIZOPHRENIA

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OBJECTIVE: To demonstrate that the progressive elevation of the threshold for definition of treatment response elucidates the greater likelihood of patients with schizophrenia responding to the novel antipsychotic olanzapine (OLZ) as compared to haloperidol (HAL).
METHODS: Data was analyzed post-hoc from the acute phase of a large, prospective, randomized (OLZ versus HAL, mean modal dose = 13.2 versus 11.8 mg/day, respectively), double-blind trial, conducted in 17 countries with 1996 patients who met the DSM-III-R criteria for schizophrenia, schizophreniform disorder, or schizoaffective disorder. The cumulative proportion of patients achieving a priori defined response criteria at each of three thresholds was determined. Thresholds for clinical improvement were 20% or greater, 40% or greater, and 65% or greater reduction in endpoint to baseline Brief Psychiatric Rating Scale (BPRS) total scores. At each week, chi-square tests were used to compare the proportion of OLZ-treated patients versus the proportion of