OBJECTIVE: Overactive Bladder (OAB) syndrome is defined symptomatically and is suggestive of detrusor overactivity. Detrusor overactivity can occur due to an underlying neurological disease (neurogenic detrusor overactivity). Early identification of neurogenic detrusor overactivity may facilitate more effective management. The objective of our study was to explore the likely indicators supporting a neurogenic cause for detrusor overactivity within an OAB population, providing a clearer case for proactive investigation of bladder problems. METHODS: The DIN–LINK database was used to conduct a 1–year retrospective cohort analysis of patients across Great Britain with OAB and neurological disease. Patients who had an OAB symptom(s) and/or a prescription for an OAB–related therapy during the study period (September 2003–August 2004) were included in this analysis and constituted the OAB cohort. All the records of those within the cohort were analysed to identify whether the patient was diagnosed or receiving treatment for Parkinson’s disease, stroke, multiple sclerosis or spinal cord injury. Data was analysed by age, gender and OAB symptoms. RESULTS: The cohort contained 13,482 OAB patients, representing a prevalence of 1.7% of the population (n = 815,854) of whom 61% (n = 8150) were women and 43% were aged over 65. In total, 1314 (10%) patients had a neurological disease, this increased to 16% (948 patients) in those over 65. Incontinence was experienced by 29% (n = 384) of those with a neurological disease but in only 18% of the complete cohort. Those with neurological disease also more commonly experienced urinary frequency. CONCLUSION: This study suggests that there is value in assessing patients who present with OAB symptoms for early signs of underlying neurological conditions. It is important to identify neurological disease as the cause of detrusor overactivity. This will help clinicians understand the aetiological factors behind the condition and also help in its overall management.

Benign Prostate Hyperplasia: Must Bothersomeness of Symptoms Be Privileged?

Perrin P, Marionneau N, Cuchet M, Taieb C, Myon E

1Lyon Sud Hospital, Pierre Bénite, France; 2Pierre Fabre, Boulogne-Billancourt, France; 3University Teaching Hospital (CHU), Pierre Bénite, France

OBJECTIVES: The IPSS evaluates the frequency of lower urinary tract symptoms (LUTS). The SPI score (Symptom Problem Index) evaluates the degree of discomfort associated with each question on the IPSS. Our objective was to clarify the possibility of a substitution of the IPSS and SPI rating scales. METHODS: The IPSS and SPI questionnaires were self-administered to a cohort of 907 male patients presenting a BPH recently diagnosed. The relationship between SPI and IPSS was investigated through the correlation between the 2 scores and by the construction of quadratic curve estimations for each symptom. The degree of bothersomeness that each symptom induces was explored by the Area Under the Curve (AUC) corresponding to an IPSS item score equal to or greater than 2 points. RESULTS: The mean IPSS score was 12.6 +/- 6.4, the mean SPI score was 12.2 +/- 6.5. The correlation coefficient between the IPSS and SPI scores was 0.70; the scores from the 2 rating scales showed a very high variability. Induced bothersomeness varied from 0 to 23% according to the symptom evaluated. Nocturia seems to be the most important symptom taking into account the bothersomeness it caused. Despite weak urinary stream was the most frequent symptom in this cohort, it was only involved in 4% of induced bothersomeness. CONCLUSIONS: The two questionnaires do not collect the same information. The concept of induced bothersomeness allows a more refined analysis of the extent of bothersomeness associated with each question on the IPSS. If we accept the hypothesis that bothersomeness is the main parameter that leads to a treatment decision, the joint use of the IPSS and SPI seems appropriate.

Induced Bothersomeness in the Analysis of the IPSS Questionnaire

Marionneau N, Perrin P, Charles T, Myon E, Cuchet M

1Pierre Fabre, Boulogne-Billancourt, France; 2Lyon Sud Hospital, Pierre Bénite, France; 3University Teaching Hospital (CHU), Pierre Bénite, France

OBJECTIVES: The International Prostatic Symptom Score (IPSS) evaluates urinary disorders symptoms frequency associated with benign prostatic hyperplasia, but does not take into account the bothersomeness that they induce. The Symptom Problem Index (SPI) evaluates the degree of discomfort associated with each question on the IPSS. Our objective is to quantify the degree of bothersomeness induced by each BPH symptom. METHODS: A cohort of 907 male patients with BPH was monitored by French General Practitioners (GP). The IPSS and SPI questionnaires were self-administered. The IPSS and SPI scores were evaluable for 722 patients. The relationship between SPI and IPSS was investigated through the correlation between the 2 scores and by the classification of each symptom. The degree of bothersomeness that each symptom induces was explored by the Area Under the Curve (AUC) corresponding to an IPSS item score equal to or greater than 2 points. RESULTS: The mean IPSS score was 12.6 +/- 6.4, the mean SPI score was 12.2 +/- 6.5. The correlation coefficient between the IPSS and SPI scores was 0.70; the scores from the 2 rating scales showed a very high variability. Induced bothersomeness varied from 0 to 23% according to the symptom evaluated. Nocturia seems to be the most important symptom taking into account the bothersomeness it caused. Despite weak urinary stream was the most frequent symptom in this cohort, it was only involved in 4% of induced bothersomeness. CONCLUSIONS: The two questionnaires do not collect the same information. The concept of induced bothersomeness allows a more refined analysis of the extent of bothersomeness associated with each question on the IPSS. If we accept the hypothesis that bothersomeness is the main parameter that leads to a treatment decision, the joint use of the IPSS and SPI seems appropriate.

Patient Satisfaction: International Development, Translatability Assessment and Linguistic Validation of the OAB-S, an Overactive Bladder Treatment Satisfaction Questionnaire

Conway K, Piault E, Kopp Z, Abrams P, Brubaker L

1Mapi Research Institute, Lyon, France; 2Pierre Fabre, Boulogne-Billancourt, France; 3University Teaching Hospital (CHU), Pierre Bénite, France

OBJECTIVE: The OAB-S has been developed for worldwide use; moreover, its conceptual equivalence and cultural adaptability across countries were considered early in the development process. To date, the OAB-S is available in five languages including US-English, US-Spanish, UK-English, Spain-Spanish and German. METHODS: The cultural and linguistic equivalence of the OAB-S was ensured at different stages of the development and the translation processes: 1) the OAB-S was simultaneously developed in US-English and US-Spanish and tested for face and content validity; 2) the pre-final original questionnaire underwent a translatability assessment, an international critical review with the objective of suggesting re-formulations in the pre-final version considering the context and constraints of other languages and cultures; 3) finally, the OAB-S was translated into the three remaining lan-

Abstracts