OAB. METHODS: The USS is a five-point rating scale of urinary urgency that is completed at the time of each micturition. A survey was mailed to urologists and gynecologists that asked them to review the USS and complete the evaluation items. OAB patients were recruited through an advertisement in a newspaper to participate in a one-time qualitative interview (cognitive debriefing). Patients were screened to ensure the presence of OAB symptoms. Patients reviewed the USS and various wording and response options. Patients were then cognitively debriefed using standardized questions to determine their interpretation of the scale, their understanding of urinary urgency, and the ease with which the USS could be completed. RESULTS: Five physicians completed the mail surveys. Twelve patients with a mean age of 53 (67% women) were cognitively debriefed. The physicians and patients reported that the USS was appropriate, relevant, and understandable. The patients found the definition of urinary urgency to be clear and easy to comprehend, and they were able to discriminate among the response options describing urinary urgency. Patients denied having problems completing the USS after each micturition. CONCLUSIONS: Overall, the physicians and patients found the USS to be easy to understand and relevant to urinary urgency. Content validity was established for the USS.

PUK20

PATIENT SELECTION CRITERIA IMPACTS OUTCOMES IN A RETROSPECTIVE OAB STUDY

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OBJECTIVE: To evaluate the impact of patient selection criteria on baseline characteristics and selected outcomes in a cohort of patients with overactive bladder (OAB). METHODS: Newly diagnosed OAB patients were identified from a medical and pharmacy claims database including more than 30 geographically diverse managed care plans. Two patient cohorts were compared for baseline characteristics, treatment status, and incidence of selected urologic conditions following diagnosis. The first group required only one claim with an OAB diagnosis (DX1); the second required a confirmatory claim (DX2). RESULTS: A total of 113,061 DX1 and 39,863 DX2 patients were identified. Mean ages for DX1 men and women were 60 y and 52 y, respectively; mean ages for DX2 men and women were 57 y and 49 y, respectively. In total, 28% of DX2 patients and 10% of DX1 patients received pharmacologic treatment. Of those untreated, 49% were men in DX2 group and 41% in DX1 group. In total, 26% of DX2 women and 20% of DX1 women had baseline urologic infections, and 17% of DX2 women and 12% of DX1 women had baseline urologic disorders. A total of 11% of DX2 men and 9% of DX1 men had baseline urologic infections, and 28% of DX2 men and 21% of DX1 men had baseline benign prostatic hyperplasia. In DX2 patients, the adjusted odds of urinary tract infection was 0.77 (95% CI, 0.73–0.80); in DX1 patients, the same estimate was 1.19 (95% CI, 1.14–1.24). CONCLUSIONS: Patients with one OAB diagnostic claim differed in demographic and clinical characteristics from those with a confirmatory claim. Furthermore, differences in percentages of patients receiving OAB treatment may suggest that health-seeking behaviors differ among patients with one and two diagnostic claims. These data support the use of a confirmatory diagnostic claim in some studies of OAB.

DEGREE OF SYMPTOM BOTHER IN URINARY INCONTINENCE

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OBJECTIVES: Previous studies report that women with urge urinary incontinence (UUI) symptoms are more bothered than women with stress urinary incontinence (SUI) symptoms. However, studies have not examined the relative bother of stress and urge symptoms among women who experience both. METHODS: A survey was mailed to 5130 women using a national access panel and 3562 (69%) questionnaires were completed. Our analysis focuses on women with symptoms of both SUI and UUI in the previous seven days. Women were asked which type of symptom they would most like to get rid of. Frequency was categorized as stress predominant (more stress leakages than urge leakages), equal, or urge predominant. Interference with everyday life was rated on a scale from zero “not at all” to ten “a great deal.” RESULTS: In total, 3364 questionnaires met study criteria (age 18–60 and not pregnant); 359 (11%) women reported both types of UI symptoms, 162 stress predominant, 146 equal frequency, and 51 urge predominant. In women with equal frequency, 44% desired most to be rid of stress symptoms, and 56% urge symptoms (p = 0.15 vs. alternative of no preference). Among stress predominant women, 62% most desired to be rid of stress symptoms while 76% of urge predominant women most desired to be rid of urge symptoms (p < 0.0001). Interference with everyday life was 4.6 (3.2 SD) for stress symptoms and 4.8 (3.2 SD) for urge symptoms. CONCLUSIONS: Among women with mixed incontinence symptoms, relative bother of SUI and UUI is dependent on frequency and types of leakages. Majority of women desired to be rid of the symptom with the higher frequency. Interference with daily activities is not significantly different for the two types of symptoms. This emphasizes importance of physicians assessing mixed patients for symptom predominance and targeting the more bothersome type of UI for initial treatment.