by the patient preference to different characteristics of ESA treatments. Patients had to complete a questionnaire at baseline and around 6-month. Questionnaire was developed using a CBC analysis method with the following hypotheses: 1) ESA effects on bladder (OAB) and urgency urinary incontinence (UUI). The ABSST is a 14-item, 6-point visual

**OBJECTIVES:** To explore how fast patients treated for nocturia (waking up at night one or more times to void) reported improvement in initial period of sleep quality. **METHODS:** A 3 month randomized, double-blind study at 39 centers in US and Canada comparing treatment versus placebo in patients with ≥2 voids/night. The initial period of undisturbed sleep was based on patient reported sleep/void diary. Self reported sleep quality was assessed by two VAS scales: 1) quality of last night's sleep, and 2) feeling refreshed in the morning. **RESULTS:** Following 1 week of Desmopressin treatment patients on both placebo and drug had an increase in undisturbed sleep. Women 81/123 min (baseline); 95/131 min (placebo) and 95/131 min (desmopressin); respectively). After 1 month treatment periods slept statistically significantly longer (women 95/131 min, p=0.02; men 56/99 min, p<0.001), increasing to a 3 months treatment period only by 49 minutes (men and 39 minutes (women) with a mean total period of undisturbed sleep of 5.2 hours (women) and 4.3 hours (men). Patient self reported sleep quality on a 10 point scale increased after 1 week (women 1.2 vs. 1.6, men 0.5 vs. 0.7) growing to significant treatment difference in women (p<0.03) and numerical difference in men after 3 months (women 1.8 vs. 2.3, men 1.3 vs. 1.7). Self reported feeling of being "refreshed in the morning" increased after 1 week (women 1.1 vs. 1.5, men 0.5 vs. 0.7) and was statistically significant versus placebo at month 3 (women 1.7 vs. 2.2, p=0.04; men 0.85 vs. 1.34, p=0.01). **CONCLUSIONS:** Treadmill (TTFV) and at least 1 post-

**RESULTS:** Implantation of placebo 11%. But when asking a direct question to patient on which

**OBJECTIVES:** To assess the content validity of the Actionable Bladder Symptom Screening Tool (ABSST), previously validated in patients with multiple sclerosis (MS) associated neurogenic detrusor overactivity (NDO), in women with overactive bladder (OAB) and urgency urinary incontinence (UUI). The ABSST is an 8-item questionnaire which assesses bladder symptoms along with their impact. **METHODS:** Cognitive interviews were conducted with non-diabetic female gynecology patients who had OAB and UUI to 1) understand how subjects describe experiencing OAB and UUI and, 2) assess subjects' comprehension of the ABSST. Interviews were audio-recorded, transcribed and analyzed using the adapted ABSST questionnaire, 6 Caucasian, mean age was 49.2 ± 13.7, and 7 full- or part-time employed. All 10 subjects had clinician-confirmed and self-reported OAB (average duration 6.9 ± 4.7 years). Mean ABSST score was 4.2 out of 8. Subjects understood the 5 symptom items (frequency, urgency incontinence, nocturia, and total micturition, and importance of urgency urinary) and the 3 impact items (social limitations, embarrassment, and work limitations) as intended, including instructions, and response options. Subjects acknowledged that the symptoms were relevant and important. Although only a few subjects spontaneously reported experiencing the symptom impacts, 6 subjects acknowledged embarrassment was important and 7 subjects reported experiencing work limitations. **CONCLUSIONS:** Overall, subjects found the ABSST items relevant and easy to understand. Participants found the symptom items were more relevant than the impact items. Possible explanations may be that these gynecology patients are a younger, healthier group compared to the MS sample, and have adapted to and coped with their conditions thereby lessening the perceived impacts of OAB and UUI. Nonetheless, the ABSST was understood well and was reported to be comprehensive and relevant to their experiences with OAB and UUI symptoms.