

PUK10**ASSESSING PATIENT SATISFACTION IN A DIALYSIS POPULATION**Cafarelli M¹, Chapman MM¹, Brown RH², Zager PG², Meyer KB¹¹New England Medical Center, Boston, MA, USA; ²Dialysis Clinic, Inc, Albuquerque, NM, USA

OBJECTIVES: Few reports of dialysis patient satisfaction with care have been published. Dialysis Clinic, Inc. (DCI), a nation-wide, not-for-profit dialysis provider, devised a patient satisfaction questionnaire (PSQ) for routine administration. It contains 9 items with a Likert response scale of excellent to poor assessing patient perspectives on: staff, treatment, professionalism, teamwork, respect, timeliness, involvement, the clinic, and overall satisfaction. Based upon available literature, we hypothesized that older patients, women, whites, and peritoneal dialysis (PD) patients would be more satisfied.

METHODS: We examined PSQ results obtained by self-administration between April 1999 and March 2000. The item for overall satisfaction was used in these analyses. Because of uneven distribution, responses were analyzed as a dichotomized variable of excellent and very good (EVG) or good, fair and poor (GFP). Patients excluded were either not present at administration, cognitively impaired, or non-English speaking. Differences in continuous variables were analyzed by Wilcoxon Rank Sum test and those for categorical variables utilized Chi-square testing.

RESULTS: N = 7,037, 40.4% ≥ 65 years, 53.2% male, 48.8% white, and 13.4% on PD. 76.4% had a score of EVG. Patients ≥ 65 years were more satisfied (79.5% scoring EVG) than patients < 65 (74.2% scoring EVG) ($p < 0.0001$). There was no significant difference between men and women. White patients (84.7% scoring EVG) were more satisfied than non-white patients (68.4% scoring EVG) ($p < 0.0001$). PD patients (93.6% scoring EVG) were more satisfied than hemodialysis patients (73.7% scoring EVG) ($p < 0.0001$).

CONCLUSION: The sample population is representative of the overall United States dialysis population except for a lower percentage of white patients reported. This study indicates older patients, whites, and PD patients were more satisfied than other dialysis patients. Any group comparisons of satisfaction in this population should adjust for demographic factors. This will assist with the incorporation of patient involvement into health-care delivery.

PUK11**EFFECTS OF LONG-TERM TOLTERODINE TREATMENT ON PHYSICAL AND SYMPTOM ASPECTS OF HEALTH-RELATED QUALITY OF LIFE IN OVERACTIVE BLADDER PATIENTS**Okano GJ¹, Pleil AM², Reese PR¹, Kelleher CJ³¹Strategic Outcomes Services of CareScience, Research Triangle Park, NC, USA; ²Pharmacia Limited, High Wycombe, Bucks, UK; ³Guys and St. Thomas' NHS Trust, London, UK

OBJECTIVES: Treatment of overactive bladder (OAB) with tolterodine impacts positively on many aspects of health related quality of life as measured by the King's Health Questionnaire (KHQ). Physical (Incontinence Impact, Role Limitations, and Physical Limitations) and symptom (Severity Measures and Symptom Severity) domains were significantly improved after 12 weeks of treatment. In this study, we report the results of an additional 12 months of open-label therapy.

METHODS: This two-part multinational study evaluated the efficacy and safety of tolterodine. In Phase A, a 12-week double-blind study, OAB patients with incontinence (n = 1529) were randomized to receive tolterodine (4mg LA or 2mg IR) or placebo. Of these, 874 received active treatment and completed at least one KHQ. In Phase B, 838 patients continued on for an additional 12 months open-label tolterodine LA, completing the KHQ at 3 and 12 months. LSMeans between time-points in Phase B were calculated using a split-plot ANCOVA with repeated measures; visits and treatment group as factors and age, gender and country as covariates. P-values were corrected for multiple comparisons using the Hochberg procedure with the initial level of alpha set at 0.05.

RESULTS: Significant positive effects on physical and symptom related domains persisted for an additional 12 months of therapy. Further improvements were seen after 3 and 12 months of open-label treatment in Incontinence Impact and Role Limitations domains. Other physical and symptom domains were further improved at 3 months. Treatment effects on other domains have been reported previously.

CONCLUSIONS: Physical and symptom domains scores of the KHQ improved with tolterodine treatment and these improvements persisted with continued treatment. Incontinence Impact and Role Limitations both showed improvements beyond the initial treatment gains achieved during the first 12 weeks of blinded treatment. These results support the long-term use of tolterodine in the treatment of OAB patients experiencing urinary incontinence.

PUK12**HOW RESPONSIVE IS THE OVERACTIVE BLADDER QUESTIONNAIRE (OAB-Q) TO CHANGES IN URGENCY, FREQUENCY, AND INCONTINENCE?**Tomera KM¹, Coyne K², Matza LS², Corey R³¹Alaska Clinical Research Center, Anchorage, AK, USA;²MEDTAP International, Inc, Bethesda, MD, USA; ³University of the Sciences in Philadelphia, Pharmacia Corporation, Peapack, NJ, USA

OBJECTIVE: The psychometric properties of the 25-item OAB-q have been previously documented in overactive bladder (OAB) patients, however responsiveness has not. This study was to assess OAB-q's responsiveness to changes in urgency episodes as well as frequency and incontinence during antimuscarinic therapy of OAB patients.