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

HAL-treated patients that had responded to therapy at each of the three thresholds defined. Six-week response-curves were compared using log-rank tests.
RESULTS: As the threshold for classifying a patient as a responder increased, the relative divergence between drug-response curves increased with the OLZ treatment group consistently attaining higher proportions of responders than the HAL treatment group. At a minimal threshold for response (≥20%), 77% of OLZ versus 70% of HAL-treated patients responded by week 6 ($p = 0.002$). At a high bar threshold for response (≥65%), 25.9% of OLZ versus 15.6% of HAL-treated patients responded by week 6 ($p < .001$). Furthermore, a separation of response rates in favor of OLZ could be seen as early as week 2.
CONCLUSION: Rigorously as compared to minimally defined thresholds for response clearly differentiate the greater likelihood of patients achieving superior improvement on the novel antipsychotic OLZ as compared to HAL.

PMH2

IMPROVEMENT IN QUALITY OF LIFE AND DEPRESSIVE SYMPTOMS IN SCHIZOPHRENIC PATIENTS IS ASSOCIATED WITH ROBUST ACUTE TREATMENT RESPONSE OF OLANZAPINE VERSUS HALOPERIDOL

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OBJECTIVE: The objective of this analysis was to explore the association of improvement in QoL and depressive symptoms with robust acute treatment response of olanzapine (OLZ) versus haloperidol (HAL).
METHODS: Data was analyzed post-hoc from a double-blind, randomized (OLZ versus HAL), trial of 1996 patients with schizophrenia or a related disorder. The treatment response was classified into four groups based on improvement of the Brief Psychiatric Rating Scale (BPRS) total scores at 6 weeks: <20%, 20–40%, 40–65% and >65% improvement. Mean percent changes of Quality of Life Scale (QLS) scores and Montgomery-Asberg Depression Rating Scale (MADRS) were determined.
RESULTS: There was a significant positive association between the more robust level of response (i.e., >65%) and improvements in depressive symptoms and QLS across treatment groups. Patients treated with OLZ started to access moderate improvement (>10% improvement) in QLS once they attained a 20% or greater improvement in BPRS while for the HAL-treated patients, only those who had a 65% or greater response in BPRS could exceed moderate QLS improvement. The mean percent change in QLS in the 20–40% BPRS response group was 13.4% for OLZ versus 1% for HAL ($p = 0.031$) and in the 65% or greater BPRS response group was 41.8% for OLZ versus 32.8% for HAL ($p = 0.45$). Similar observations were demonstrated in improvement on the MADRS. For patients with a 40–65% BPRS response, the improvement in MADRS was 34.9% for OLZ versus 6.7% for HAL ($p = 0.027$).
CONCLUSION: A more robust categorical acute treatment response resulted in greater improvement in QoL and depressive symptoms across treatment groups. For patients attaining the same level of acute treatment response though, there may be significantly greater improvements in QoL and depressive symptoms enjoyed by OLZ-treated patients compared to those treated with HAL.

PMH3

PATIENT MEDICATION ATTITUDE AFTER SWITCHING TO ZIPRASIDONE FROM OTHER ANTIPSYCHOTICS

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OBJECTIVE: Patients with schizophrenia switched from conventional antipsychotics, olanzapine, or risperidone, to ziprasidone show significant improvements in weight, prolactin levels, and lipid profile. Since such benefits may affect patient behavior and resource use, Drug Attitude Inventory (DAI) was administered to assess attitudes/feelings about antipsychotic therapy.
METHODS: Three six-week multi-center, open-label, parallel-group trials of similar design were undertaken in stable schizophrenic outpatients switched from conventional antipsychotics (n = 108), olanzapine (n = 104), or risperidone (n = 58) because of poor tolerability or insufficient efficacy. Each trial randomized patients to 1 of 3 switch strategies—"slow" taper, "fast" taper, or "abrupt discontinuation" of prior medication before initiating ziprasidone (80 mg/day for 2 days; 40–160 mg/day thereafter). The 10-question true/false DAI was administered at baseline and week six. The primary summary measure was total score (sum of responses to all questions). Data were combined from all switch subsets for each study because there was no significant difference in mean change from baseline to week six among strategies. Positive total score indicated likely compliance, whereas negative total score, likely noncompliance. A categorical linear model was used to analyze marginal probabilities of favorable responses over total, attitudinal, and subjective question sets.
RESULTS: Total DAI scores improved significantly in patients switched to ziprasidone from conventionals ($P = .003$) or risperidone ($P = .008$). Categorical analysis identified significant improvements in patients switched to ziprasidone from conventionals ($P = .05$ all items, $P = .02$ subjective) and a trend toward improved scores in those switched from olanzapine ($P = .06$ for both). DAI improvement from baseline to week six was consistently driven by positive change in subjective feelings. Ziprasidone was safe, well-tolerated, and effective, regardless of dose or switch strategy.