4 scores correlated moderately with the Visual Analogical Scale of the EQ-5D. The dimensions which measure secondary effects of immunosuppression (Side Effects of Corticosteroids-SEC, and Increased Growth of Gum and Hair-IGGH) showed low correlation with SF-36 and EQ-5D although they correlated with the episodes of acute rejection ($r > 0.4$). The correlations with clinical variables were low, but in accordance with expectations. The correlations of the scores at 3 and 6 months were moderate ($r = 0.7$). 6 patients suffered initial allograft dysfunction and these showed worse scores than the rest. Cronbach's Alpha, which evaluate the reliability, were: 0.92 for the whole questionnaire; 0.86, LPC; 0.79, LCC; 0.66, CRD; 0.63, SEC; 0.74, IGGH; 0.78, TAPD. CONCLUSIONS: The feasibility, validity and reliability of the Spanish version of the ESRD-scl were adequate to evaluate the PHS of kidney transplant bearers.

**Abstracts**

**PUK26**

**THE IMPACT OF THE OVERACTIVE BLADDER ON QUALITY OF LIFE (SF36) AND UTILITY (EQ5D)**

1Cardiff Research Consortium, Cardiff, Wales, UK; 2Allergan Ltd. High Wycombe, UK; 3Cardiff University, Cardiff, Wales, UK

**OBJECTIVES:** To demonstrate the contribution of problems associated with an overactive bladder; namely continence, urgency and frequency, on health related quality of life and utility. METHODS: Patients treated by an academic urology unit in the UK were sent a self-completed survey that included the EQ5D and SF36 and urology disease-specific questions. Potentially confounding factors were controlled using multivariate linear regression analysis. The survey was undertaken with the Health Outcomes Data Repository (HODaR) framework, to produce a representative dataset linking clinical data to routine QoL and utility survey responses. RESULTS: In a routine survey without reminders, 609 surveys were returned (28% response rate). The mean age of respondents was 65 years (SD 15.5) and 68% were male. Sixty percent of valid responses reported some degree of incontinence. Of these, 60% reported stress incontinence; 85% had urinary frequency problems and 91% had urgency. Among the generally continent: 12% reported stress incontinence; 60% reported frequency problems and 54% reported urgency. Controlling for age, gender and body mass index (BMI), incontinence was associated with a reduction in the EQ5Dutility (−0.11; SE 0.026, $p < 0.001$) and SF36 scores across all domains (max: physical role −14.51 (SE 3.92, $p < 0.001$)). Under similar analytic conditions in continent respondents, urgency significantly reduced social and mental role-functioning (−8.55; $p = 0.069$ & −14.51; $p = 0.080$, respectively) whilst frequency reduced the energy domain (−9.09; $p < 0.05$). Among the incontinent, urgency reduced social functioning by −17.61 ($p < 0.05$), and the mental domain by −11.58 ($p < 0.05$) whilst frequency again reduced the energy domain by −9.07 ($p < 0.05$). CONCLUSIONS: Incontinence has a detrimental impact on quality of life comparable with diseases and conditions traditionally regarded as being more serious. Urinary urgency reduces social functioning and mental well-being, whilst increased urinary frequency increases tiredness.

**PUK27**

**PSYCHOMETRIC VALIDATION OF THE UK ENGLISH INCONTINENCE-SPECIFIC QUALITY OF LIFE MEASURE (I-QOL)**

Bushnell DM, Martin ML

Health Research Associates, Inc, Mountlake Terrace, WA, USA

**OBJECTIVE:** The I-QOL is a 22-item incontinence-specific measure originally developed in the USA and subsequently adapted into numerous other language versions. The British-English language version has not yet been validated. The purpose of this presentation is to report the psychometric performance characteristics of the UK version of the I-QOL. METHODS: The I-QOL was included in a cross-sectional, descriptive health outcomes study among female care-seekers at 17 large primary care clinics throughout the UK. A total of 2400 women between 18 and 91 years of age took the survey while waiting to be seen by their care providers. Twenty-two percent (n = 503) of these women reported symptoms of stress urinary incontinence; 21% (n = 538) mixed; and 4% (n = 85) urge incontinence without overactive bladder. Other measures included the Scale for Activity Interference and Limitation (SAIL, incontinence-specific individualized activity limitations), the Symptom Frequency and Botheromeness scale (SFb-SUI), self-perceived severity, self-reported episodes, and a variety of other demographic and descriptive variables. Psychometric testing was conducted using standardized procedures. Reproducibility could not be assessed within the study design. RESULTS: Principal component analyses confirmed the original measurement model of three subscales (avoidance and limiting behavior, psychosocial impacts, and social embarrassment) and a total summary score. Internal consistency values were acceptable (alpha ranged between 0.87 and 0.95) and, as hypothesized, the I-QOL had strong associations with both the SFb-SUI (symptoms) (≥0.60) and the SAIL (limitations) (≥0.67) scales. Quality of life scores became significantly worse as the patients’ perception of severity increased (p < 0.001) and number of incontinent episodes increased (p < 0.001). CONCLUSION: This cross-sectional assessment of the British-English version has shown it to have similar psychometric performance to those previously published for the original measure, making this I-QOL language version a valid PRO for incorporation in community based studies of patients with varying types and severity of urinary incontinence.

**PUK28**

**LONG-TERM DARIFENACIN TREATMENT FOR OVERACTIVE BLADDER: QUALITY OF LIFE OUTCOMES FROM A 2-YEAR, OPEN-LABEL EXTENSION STUDY**

Young J1, Lheritier K2, Steel M2, Dwyer P2

1Urology Medical, Laguna Hills, CA, USA; 2Novartis Pharma AG, Basel, Switzerland; 3Mercy Hospital for Women, Melbourne, Victoria, Australia

**OBJECTIVES:** To investigate the impact of long-term treatment with darifenacin, a muscarinic M3 selective receptor antagonist, on quality of life (QoL) in patients with overactive bladder (OAB). METHODS: Patients with OAB for ≥26 months who participated in two 12-week, placebo-controlled, double-blind feeder studies of darifenacin controlled release 3.75, 7.5 or 15 mg qd were enrolled into this 2-year, multicentre, open-label extension. During the first 2 weeks of the extension all patients received darifenacin 7.5 mg, after which titration between darifenacin 15 and 7.5 mg was permitted. The King’s Health Questionnaire (KHQ) was used to assess QoL. Here, we report data from patients who received darifenacin 7.5 or 15 mg during the feeder studies and had a gap of ≤3 treatment days before entering the extension. RESULTS: A total of 303 patients who had received darifenacin 7.5 or 15 mg during the feeder studies entered the extension (22–89 years; 86.5% female) and 199 patients (65.7%) completed the study. Darifenacin 7.5/15 mg was associated with significant improvements in eight of nine KHQ domains (Incontinence impact, Severity measures, Role limitations, Physical limitations, Social limitations, Emotions, Personal relationships and Sleep/energy) from baseline to the end of the 12-week, double-blind feeder studies (all p < 0.001 vs.