4 scores correlated moderately with the Visual Analogical Scale of the EQ-5D. The dimensions which measure secondary effects of immunosupression (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. Cronbachxs 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.

PUK26

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

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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, a large representative dataset linking clinical data to routine QoL and utility survey responses. **RESULTS:** In a routine survey without reminders, 609 surveys were retuned (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 $EQ5D_{index}$ (–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 MEAURE (I-QOL)

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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 Bothersomeness 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

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OBJECTIVES: To investigate the impact of long-term treatment with darifenacin, a muscarinic M_3 selective receptor antagonist, on quality of life (QoL) in patients with overactive bladder (OAB). **METHODS:** Patients with OAB for ≥6 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.