

TREATMENT STRATEGY OF TARGETING SYMPTOMS THAT EACH PATIENT WANTS TO BE TREATED MOST WILL BRING THE BEST IMPROVEMENT IN OVERALL QUALITY OF LIFE FOR INDIVIDUAL OAB PATIENTS.

Hypothesis / aims of study

Since overactive bladder (OAB) is a condition that harms quality of life (QOL), we hypothesized that the treatment will be the most efficient in targeting symptoms that each patient suffers most and wants to be treated. In order to aim for physician to understand the symptoms that each patient suffers most and wants to be treated, we have reported the utility of our validated questionnaire using 100-mm line of visual analogue scale (VAS), which can assess bother or satisfaction regarding patient QOL specific to OAB-symptom [1,2]. Aim of this study was to assess our hypothesis that is whether treatment strategy of targeting symptoms that each patient wants to be treated most will bring the best improvement in overall QOL for individual patients.

Study design, materials and methods

Total of 336 female patients who were treated by anticholinergic (n=202), β 3 stimulant (mirabegron) (n=81), or other treatment methods (n=53) were analysed. Before and after the treatment, all patients were simultaneously answered both OABSS (severity of symptom) [1] and our developed questionnaire of QOL (or bother) specific to each of the 4 OABSS-questions with visual analogue scale (VAS) of a 100-mm line, which was called OABSS-VAS (Figure 1) [2]. The medium age of patients was 70 (30-91) y.o. The average treatment period was 1.77 ± 0.84 months. Statistical correlation to the improvement (i.e. change of pre- to post-treatment) of overall QOL by improvement (i.e. change of pre- to post-treatment) of either each item of OABSS or each item of OABSS-VAS measure (0-100mm) were analysed.

Results

Both each OABSS score as well as each OABSS-VAS measure were significantly improved by the treatment. There were no significant difference among the three treatment arms about the treatment outcome.

In individual patient, the highest OABSS-VAS measure among the 4 OABSS-VAS measures successfully identified the symptom that each patient wants to be treated most. When focusing on the pre-treatment highest OABSS-VAS measure, improvement of that had significant correlation to the improvement of overall QOL ($r=0.78$, $p<0.0001$), while the correlation to improvement of overall QOL by the improvement of the highest OABSS (severity) was less ($r=0.50$, $p<0.0001$) than it (figure 2).

Table 1 and 2 demonstrated the statistical correlation to the improvement of overall QOL by improvement in each of OABSS Q1-Q4 and each of OABSS-VAS Q1-Q4, respectively. This indicate the improvement of the VAS measure significantly predict the overall QOL improvement in all 4 symptom of OAB.

Interpretation of results

Our validated VAS-questionnaire (OABSS-VAS) using 100-mm line of visual analogue scale, which can assess bother or satisfaction regarding patient QOL specific to each item of OAB-symptom, successfully identified the key symptom, which an individual patient suffers most and wants to be treated. More importantly, this study identified the improvement of the key symptom in individual patient has the most impact on the improvement of overall QOL. Common symptom-based questionnaire, such as OABSS, would provide the information of the symptom severity; however, only simple use of such symptom-severity-based questionnaire may not provide the important information of the key symptom that an individual patient suffers most and wants to be treated. Use of patient-reported symptom-specific QOL measure would contribute to appropriate selection of the therapeutic targeting-symptom with significant severity to impact on patients' specific QOL or bother. Our results supports that concomitant use of both OABSS and OABSS-VAS.

Concluding message

The concomitant use of OABSS (which represents the symptom severity) with OABSS-VAS (which represents the symptom-specific QOL or bother) contributed to identify the key symptom which an individual patient suffers most and wants to be treated. The improvement of the key-targeting-symptom of individuals significantly correlated with the clinical goal of the improvement of overall QOL in patients with OAB.

Figure 1

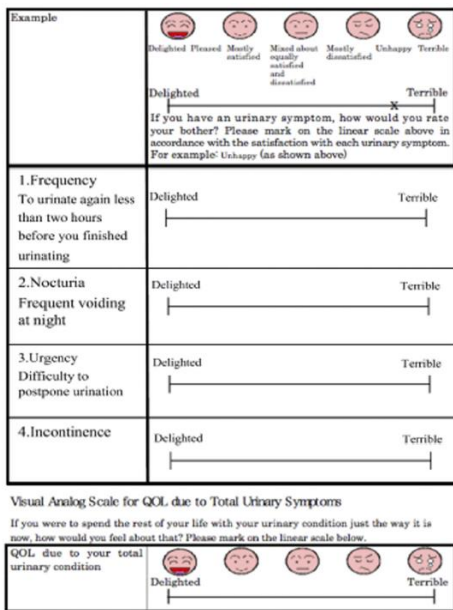


Figure 2

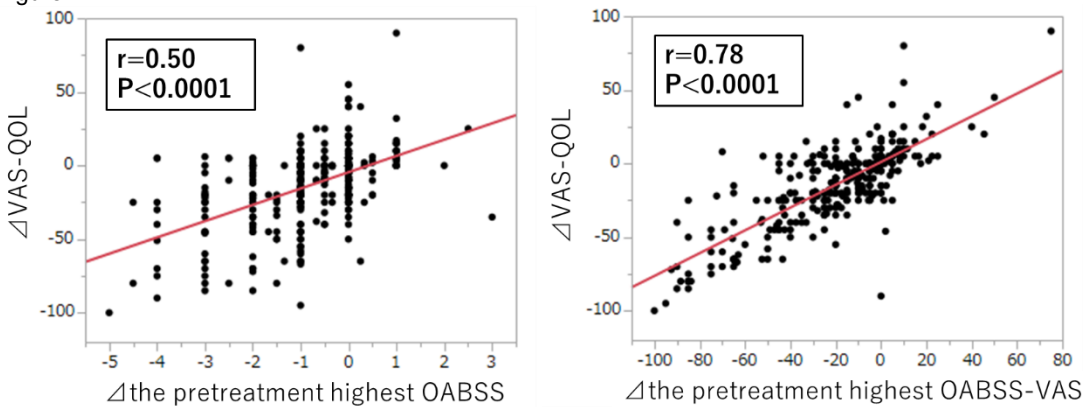


Table 1

Statistical correlation (r) to overall QOL improvement (Δ) by improvement (Δ) in each of OABSS Q1-Q4

OAB Symptom Score	r	p
Δ OABSS Q1	0.09	0.0983
Δ OABSS Q2	0.30	<0.0001
Δ OABSS Q3	0.53	<0.0001
Δ OABSS Q4	0.51	<0.0001

Table 2

Statistical correlation (r) to overall QOL improvement (Δ) by improvement (Δ) in each of OABSS-VAS Q1-Q4

VAS for bother/QOL	r	p
Δ OABSS-VAS Q1	0.66	<0.0001
Δ OABSS-VAS Q2	0.56	<0.0001
Δ OABSS-VAS Q3	0.82	<0.0001
Δ OABSS-VAS Q4	0.79	<0.0001

References

1. Homma Y, et al Urology 68: 318, 2006
2. Fujihara A, et al. J Urol 189, 1797, 2012

Disclosures

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