Patient Characteristics Associated With Initiation of Overactive Bladder (OAB) Discussion With a Physician

1 Introduction

OAB is a common condition affecting millions of people worldwide, characterized by urgency, frequency, and nocturia, which can significantly impact quality of life. This study aimed to identify patient characteristics significantly associated with the initiation of an OAB discussion with a physician.

2 Methods

Survey Design and Subjects

The National Health & Wellness Survey (NHWS) is a self-administered, Internet-based questionnaire conducted in 2009 from a nationwide sample of 75,000 US adults (aged ≥18 years) (Figure 3).

Assessments

• Each subject provided sociodemographic and economic information at the time of the survey.
• The survey included questions about OAB symptoms, including urgency, frequency, and nocturia, unique with increased medical visits due to the absence of urinary tract infection or other obvious pathology.
• The overall prevalence of OAB in adults aged ≥18 years is approximately 12% in the United States (1) and Canada (2) and 10% in the United States (3). The prevalence of OAB is generally comparable in men and women and increases with advancing age (4).
• OAB symptoms often have a negative impact on patients’ health-related quality of life (5), physical, psychological, and social functioning (5).
• Many individuals with OAB do not seek medical help because of embarrassment and a lack of awareness about OAB and available treatment options (6).

3 Results

• To identify patient characteristics significantly associated with patient initiation of an OAB discussion with a physician.

4 Conclusions

• In adults with OAB symptoms, regular contact with a physician, a longer duration of symptoms, involvement with OAB, and worse physical quality of life were significantly associated with the initiation of an OAB discussion with a physician.
• These results suggest that the patient-physician relationship, coupled with a patient’s knowledge (familiarity) of the OAB condition, plays an important role in a patient’s ability to manage OAB symptoms.

References

1. Shaloo Gupta, 1 Chieh-I Chen, 2 Tamara Pavendam, 3 Kelly H. Zou, 4 Amir Goree, 5 Shaloa Gupta
2. University of Chicago, Chicago, IL, USA; 3Pfizer Inc, New York, NY, USA; 4Kantar Health, New York, NY, USA
6. 1.29 0.82 0.97 1.00 1.05 1.02 P = 0.020 0.653 0.052 0.687 0.727 0.743
7. 1.36–1.72 0.84–1.30 0.98–1.49 0.66–1.01 0.79–1.18 0.747
8. <0.0001 <0.0001 <0.0001 <0.0001 0.020
9. 0.003 0.003 0.027 0.015 0.031
10. 1.10 0.97–0.99 1.03–1.10 1.08–1.13 1.08–1.13
11. 1.02 0.98–1.10 1.05–1.10 1.03–1.10 1.03–1.10
12. 0.95–1.00 0.99–1.00 1.03–1.10 1.08–1.13 1.08–1.13