Abstracts

THE BRAZILIAN PORTUGUESE VALIDATION OF THE URINARY INCONTINENCE-SPECIFIC QUALITY OF LIFE INSTRUMENT I-QOL Souza CC, Fonseca ESP, Fonseca MCM, Sartori HGP, Giraldo MJB, Castro RA. Federal University of São Paulo, São Paulo, Brazil. UNIFESP – Federal University of São Paulo, São Paulo, Brazil.

OBJECTIVES: The objective of this study was to cross-culturally adapt and validity the Incontinence-Specific Quality of Life instrument (I-QOL) for Brazilian women with urinary incontinence. METHODS: The I-QOL is a scale devised to assess quality of life impairment due to urinary incontinence. This questionnaire has been used in numerous studies to evaluate the consequences of the disease in daily life or the effects of different treatments. Seventy patients with urinary incontinence, were enrolled from the outpatient clinic of the Urogynecology and Visceral Surgery Section of the Gynecology Department of the Federal University of São Paulo (UNIFESP). Initially, we translated the I-QOL into Brazilian Portuguese language following international methodological recommendations. Due to language and cultural differences we performed cultural, structural, conceptual, and semantic adaptation on the I-QOL, in order that patients were able to fully understand the questions. All patients answered I-QOL twice on the same day with an interval of 30 minutes, applied by two different interviewers. Also the King’s Health Questionnaire (KHQ), already translated and validated to Brazilian Portuguese was applied to the patients. After 7 to 15 days, by phone interview, only I-QOL was applied again. Reliability (intra and inter observer internal consistency), construct and discriminative validity were tested. RESULTS: Several cultural adaptations were necessary until we reached the final version. The intra-observer internal consistency (alpha of Cronbach) of the several dimensions varied from 0.60 to 0.94. The inter-observer internal consistency varied from 0.65 to 0.88. Moderate to strong correlation was detected among the I-QOL items and the validated Brazilian version of the KHQ. CONCLUSIONS: I-QOL was adapted to the Brazilian Portuguese language and to the Brazilian culture, showing good reliability and validity. This questionnaire is now being evaluated in clinical trials on new therapeutic strategies for urinary incontinence in Brazil.

IMPACT OF SOLifenacin on SYMPTOM BOTHER, Health-related QUALITY OF LIFE, Work Productivity, and Treatment Satisfaction, and SYMPTOMS in PatIENTs with OVERactive Bladder: RESULTS FROM VIBRANT Mischon HD, Roy BJ, Gilmer G, Marshall TS, Shannon JJ.

Boy State Clinical Trials, Inc. Watertown, MA, USA, ‟Edmond Medical Center, Edmond, OK, USA, Astellas Pharma US, Inc., Deerfield, IL, USA, ﾂGwoctmrlnt, Research Triangle Park, NC, USA.

OBJECTIVES: To assess the efficacy of solifenacin on patient-reported outcomes and diary-documented Overactive Bladder (OAB) symptoms. METHODS: 768 patients with OAB for ≥1 months were randomized to flexibly dosed solifenacin (5-10 mg) or placebo for 12 weeks; dose modifications were permitted at Weeks 4 and 8. At baseline and Week 12, patients completed the Overactive Bladder Questionnaire (OAB-q), comprised of a Symptom Bother scale (primary endpoint) and Health-Related Quality of Life (HRQOL) scale with 4 domains (Coping, Concern, Sleep, Social Impairment). RESULTS: Work Productivity and Activity Impairment (WPAI) Questionnaire, which assesses the impact of bladder-related problems on absenteeism (work time missed), presenteeism (inappraisal at work), work productivity loss, and activity impairment, a 100-mm Treatment Satisfaction Satisfaction Visual Analog Scale (TS-VAS), higher values indicate greater satisfaction) and 3-day bladder diaries for recording episodes of urgency, incontinence, micruntion frequency, and nocturia. RESULTS: By study end, solifenacin versus placebo significantly improved mean OAB-q Symptom Bother (-2.9 vs. -2.04; p = 0.001), HRQL (total: 25.3 vs 16.7, p = 0.0001) and all domain scores (p = 0.0001). WPAI results revealed that solifenacin versus placebo significantly improved presenteeism (−14.6% vs. −8.7%), work productivity loss (−12.9% vs. −8.2%), and activity impairment (−18.1% vs. −14.7%; all Ps < 0.01), but not absenteeism (−0.3 vs. 0.1; p = 0.50), likely because baseline levels were low (1.1% vs. 1.4%). On the TS-VAS, mean change from baseline was significantly larger among solifenacin versus placebo patients (38.2 vs. 18.4; p < 0.001). Solifenacin vs placebo also significantly reduced mean daily episodes of urgency (−3.05 vs. −1.84; p = 0.0001), incontinence (−1.35 vs. −1.24; P = 0.003), and frequency (−2.25 vs. −1.16; P < 0.0001), but not nocturia (−0.63 vs. −0.48; P = 0.34). CONCLUSIONS: Flexibly dosed solifenacin significantly improved OAB symptom bother, HRQL, work productivity, and OAB symptoms. Participants who received solifenacin versus placebo also showed a significantly greater increase in overall treatment satisfaction.

URINARY/KIDNEY DISORDERS – Health Care Use & Policy Studies

PUK80

PROFILING COMMON CO-MORBIDITIES AND MEDICATIONS PRESCRIBED AMONG PATIENTS WITH CHRONIC KIDNEY DISEASE Rassu B, Kurse S, Abcarcombe M, Balkrishan R.

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OBJECTIVES: Patients with chronic kidney disease (CKD) often have five or six other co-morbid conditions thus requiring extensive therapeutic treatment. Therefore, the objective of this study was to examine the most common co-morbid conditions and medications prescribed among patients with CKD, using a recent national population based ambulatory care survey. ME-HODS: This study utilized the National Ambulato-

ry Medical Care Survey (NAMCS) and the National Hospital Ambulatory Medical Care Survey (NHAMCS) data from 2002 through 2005. The NAMCS and NHAMCS are national probability surveys of visits to office-based physicians and ambulatory services in hospital outpatient and emergency departments. CKD-related visits were identified using diagnosis codes (ICD-9-CM: 016.0, 572.4, 580-588, 591, 5939, 5724, 7531, 7533, 7532, 7533, 7532, 186.76, 794.6) or prescription for CKD specific medica-
tions (brand and generic drug codes: calcium acetate,sevelamer,lanthanum car-
bonate,Losartan). Frequency of the CKD visits by setting and demographics, characteristics was performed. Similarly, frequency analysis was performed to identify the most common co-morbid diagnosis and medications prescribed among CKD patients. National estimates on visits were estimated using patient visits weights provided by the NAMCS. The NHAMCS visits related to CKD, 8.1 million physician office visits, 0.9 million emergency department, and 0.7 million outpatient hospital department visits, representing a 140% increase compared to 7.1 million visits in 2002. The most common co-morbid conditions among CKD patients were essential hypertension (22.3%), diabetes mellitus (17.5%),

mean EQ SD was 0.78. Five respondents with irrational responses were excluded. Respondents were significantly more likely to prefer tamulosin Ocads over MR overall (OR 19.45; 95% CI 6.27, 60.39, p = 0.001). Orthostatic hypotension was the most important factor driving this preference (OR 9.07; 95% CI 4.61, 17.82, p < 0.001). On average, participants would be willing to pay 12.2% more per month (range 32.40-144.40) for tamulosin Ocads over MR; orthostatic hypotension contributed 76% to the choice for overall WTP. CONCLUSIONS: There was a strong patient preference for tamulosin Ocads over tamulosin MR that was primarily driven by the HT. This preference equated to patients being willing to pay about 72GBP more per month for tamulosin OCAS; the actual cost differential between the two formulations is 11.27GBP. REFERENCES: [1] Chapple CR, Charites-Kauter E. BJU Int 2006;98(Suppl.5):59–12; [2] Chapple CR, et al. Eur Urol 2005;44(Suppl.5):533–44; [3] Michel MC, et al. Eur Urol 2005;44(Suppl.5):533–60.