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The effect of hyperactive bladder severity on healthcare utilization and labor productivity☆,☆☆

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KEYWORDS
Overactive bladder;
Urinary urge incontinence;
Severity;
Healthcare resources utilization;
Spain;
Community

Abstract

Objective: To explore the relationship between the severity of urinary urge incontinence (UUI) on healthcare resources utilization (HRU) and loss of labor productivity in subjects with overactive bladder (OAB) in the general population in Spain.

Methods: Secondary analysis of a cross-sectional web-based study conducted in the general population >18 years of age, through a battery of HRU questions asked using an online method. Probable OAB subjects were identified using a previously validated algorithm and a score >8 in the OAB-V8 questionnaire. HRU questions included an assessment of concomitant medication used as a consequence of OAB/UUI, pad utilization, and medical office visits. Patients were grouped according to the number of UUI episodes into 0, 1, 2–3 or 4+ episodes.

Results: Of a total of 2035 subjects participating from the general population, 396 patients [52.5% women, mean age: 55.3 (11.1) years, OAB-V8 mean score: 14.5 (7.9)] were analyzed: 203 (51.3%) with 0 episodes, 119 (30.1%) with 1, 52 (13.1%) with 2 or 3, and 22 (5.6%) with 4 or more episodes. A linear and significant adjusted association was observed between the number of UUI episodes and HRU; the higher the number of daily episodes, the higher the HRU. Subjects with more episodes had medical visits more frequently at the primary care ($p = .001$) and specialist ($p = .009$) level as well. Consumption of day ($p < .001$) and night ($p < .001$) urinary absorbents, anxiolytic medicines ($p = .021$) and antibiotics ($p = .05$) was higher in patients with more UUI episodes.

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Conclusion: The severity of OAB in terms of frequency of daily urge incontinence episodes was significantly and linearly associated with higher healthcare resources utilization and a decrease in labor productivity in subjects with probable OAB in Spain.

PALABRAS CLAVE
Vejiga hiperactiva;
Incontinencia urinaria de urgencia;
Severidad;
Uso de recursos sanitarios;
España;
Comunidad

La severidad de la vejiga hiperactiva modifica la carga asistencial y la productividad laboral

Resumen

Objetivo: Explorar la relación entre la severidad de la incontinencia urinaria de urgencia (IUU) y la utilización de recursos sanitarios o la pérdida de productividad laboral en pacientes con vejiga hiperactiva (VH) en la población general española.
Métodos: Análisis secundario de un estudio transversal realizado por vía telemática (Internet) en la población general, >18 años, mediante una batería de preguntas relacionadas con el uso de recursos sanitarios y la productividad laboral. Los sujetos con probable VH fueron identificados mediante un algoritmo previamente validado. Las preguntas sobre el uso de recursos sanitarios abarcaron la medicación concomitante, el empleo de absorbentes y las visitas médicas. Los pacientes se agruparon según el número de episodios de IUU en: 0, 1, 2-3 o 4+.
Resultados: De un total de 2.035 sujetos participantes de la población general se identificaron 396 pacientes (52,5% mujeres, edad media [DE] 55,3 [11,1] años, puntuación media en OAB-V8: 14,5 [7,9]), con probable VH: 203 (51,3%) con 0 episodios, 119 (30,1%) con uno, 52 (13,1%) con 2-3 y 22 (5,6%) con 4+. Se observó una relación lineal significativa, de manera que a mayor número de episodios de IUU mayor uso de recursos sanitarios. Los sujetos con más episodios realizaron con mayor frecuencia visitas médicas, tanto de asistencia primaria ($p < 0{,}001$) como al especialista ($p = 0{,}009$) y emplearon mayor cantidad de absorbentes tanto en horario diurno ($p < 0{,}001$) como nocturno ($p < 0{,}001$) de ansiolíticos ($p = 0{,}021$) y de antibióticos ($p = 0{,}05$).
Conclusión: La severidad de la incontinencia urinaria de urgencia, según el número diario de episodios de incontinencia de urgencia, mostró una relación lineal significativa con un uso más frecuente de recursos sanitarios y una disminución en la productividad laboral en pacientes con probable VH en España.

Background

In 2002, the International Continence Society (ICS) defined overactive bladder syndrome (OABS) as a syndrome characterized by the presence of isolated urinary urgency or in combination with other symptoms such as urge incontinence. OAB is generally associated with an increase in urinary frequency and nocturia, in the absence of other demonstrable diseases.[1] The overactive bladder (OAB) is a very common, chronic and debilitating medical condition, which affects individuals of all ages and both genders. The EPIC study revealed a 5.9% prevalence for women between 25 and 64 years of age, 4.6% for men between 50 and 65 years and 38.5% for institutionalized patients older than 65 years (both genders).[2] OAB represents a significant socioeconomic burden as a result of both the direct use of medical and nonmedical resources[3–6] and the reduced occupational productivity due to disability or absenteeism associated with the disease.[4,7] A study conducted in 6 Western countries on the economic impact of OAB estimated that in Spain the mean annual direct cost associated with diagnosis, treatment (drugs and incontinence pads), medical consultations and treatment for depression associated with the disease was €255 per patient/year. The annual cost due to absenteeism/reduced productivity associated with OAB was estimated at 142 million euros.[8]

The urge urinary incontinence (UUI) represents on average half of all costs associated with OAB.[9] It is assumed therefore that conditions of increased OAB severity, according to the number of UUI episodes daily, represent an increased care and occupational burden. The aim of this study was to explore the impact of OAB severity, in terms of the daily number of UUI episodes, on the use of healthcare resources and the occupational productivity in a population setting in Spain.

Material and methods

A cross-sectional, observational epidemiological study was conducted using a battery of questions and questionnaires completed online (Internet). The study comprised a total of 2035 participants who were >18 years of age, of both genders, residents of Spain, selected randomly from the general population and grouped by gender and age according to the OAB prevalence data in Spain.[1,10,11] The exclusion criterion was a failure to complete the entire questionnaire. The sample size was established by considering the available data on the prevalence of OAB[1,10,11] to ensure a representative population distribution.

We used a computer-assisted web interviewing (CAWI) procedure to obtain completed questionnaires.[12,13] The participants were part of a representative population panel