ORIGINAL ARTICLE

Overactive bladder frequency in primary care physicians

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Overactive bladder; OAB-V8; Frequency; Mexico

Abstract

Aims: To determine overactive bladder (OAB) frequency in primary care physicians in Mexico City in accordance with the overactive bladder validated 8-question awareness tool (OAB-V8).

Methods: A descriptive, longitudinal, and prospective study was conducted in which the validated OAB-V8 questionnaire was applied. The study time frame was from April 11, 2012 to April 12, 2013 in 9 cities of the Mexican Republic. Two hundred and forty-three questionnaires were applied, 171 of which met the inclusion criteria. They were divided by sex and age intervals. Of the 171 questionnaires, 61 (36.67%) had a score of 8 or more, which were within the parameters of OAB.

Results: In regard to sex, of the 171 questionnaires, 69 (40.35%) corresponded to men and 102 (59.64%) to women. The overall mean age was 46.88 years (range: 22-80), and was 50.58 years (range: 22-80) for men and 43.18 years (range: 22-62) for women. Sixty-one (35.67%) of the questionnaires had a score of 8 or higher; 28 (45.9%) corresponded to men and 33 (54.1%) corresponded to women. The highest frequency, 26 (42.62%), was found in the 50 to 60 year age group, with 14 (53.84%) men and 12 (46.15%) women.

Conclusions: Our results showed an OAB frequency in primary care physicians of 35.67%; it was slightly more frequent in women at 54.1% than in men at 45.9%. Thus, we must make it understood more clearly, both in medical schools, as well as in the general population, that OAB symptoms should not be perceived as normal.
Introduction

The term “overactive bladder” (OAB) was coined by Alan Wein and Paul Abrahams in 1996 to better describe the condition formerly known as “bladder instability”. It was recognized by the International Continence Society (ICS) in 2002, appearing in their guidelines.

The ICS defines “overactive bladder” as a syndrome characterized by urgency (with or without incontinence), frequency, and nocturia, in the absence of other pathologies (urinary infection, etc.). In practical terms, it refers to involuntary non-micturition bladder contractions (in the filling phase), that when confirmed through urodynamic study, are known as “detrusor overactivity” (DOA).

We should reaffirm that OAB diagnosis is currently clinical and is divided into OAB with urinary incontinence, or wet OAB (formerly known as urge urinary incontinence), and OAB without urinary incontinence, or simply OAB.

OAB is a very frequent condition (17% of the population worldwide presents with it). However, both its diagnosis and management have been undervalued.

One of the possible reasons for its underdiagnosis in Mexico is that we physicians have not given it the importance it deserves. This pathology is often perceived as normal because “my mother, father, grandmother had or have it” or if not usual, as something we adapt to, for example, by not drinking water when out of the house to avoid urinating.

First contact physicians (primary care physicians) are also included in the 17% worldwide statistics and if they do not diagnose or treat themselves or they think that this pathology is natural, then it is likely that they view it in the same way in relation to their patients.

The National Overactive Bladder Evaluation (NOBLE) study that was conducted on 5,024 adults (18 years or older) by telephone in the United States showed an overall prevalence of 16.2% for women and 16.2% for men. 2,3 Milsom et al. (Europe) 4 also carried out studies to determine the prevalence of this syndrome and reported a total of 16%, manifesting symptomatology of frequency (85%), urgency (54%), and incontinence (36%). 3,4

The EPIC study that was conducted in 5 countries, using the 2002 ICS definitions, revealed an OAB prevalence of 11.8%; 10.8% in men and 12.8% in women. In China, OAB prevalence in women was 8.0%,5 whereas in Taiwan it was 34.8%.6

In a 2005 Latin American study, the BiMSa group surveyed 4,611 women above the age of 30 years in a Mexican population from Mexico City, Guadalajara, and Monterrey, and found that 1,073 (23%) had OAB symptoms.7

In the United States, 12 million individuals are reported to present with wet OAB, 30% of which do not receive medical attention and 80% are untreated.

To give an example, the economic impact of this pathology in Germany in direct and indirect expenditure is 3.98 billion dollars.8

We decided to conduct this study on primary care physicians, who have knowledge of disease, and compare the results with general populations presenting with the same symptomatology.

Methods

A descriptive, longitudinal, and prospective study was carried out by applying the overactive bladder validated...
8-question awareness tool (OaB-V8) in 9 cities of the Mexican Republic (Mexico City, Puebla, Durango, San Luis Potosí, Guadalajara, Acapulco, Chihuahua, and Mérida) within the time frame of April 11, 2012 to April 12, 2013. The items of "age" and "sex" were added to the upper part of the questionnaire for our study. It was filled out individually and anonymously with no outside intervention.

The OaB-V8 questionnaire, validated by the iCS, is made up of 8 questions for evaluating urinary frequency, urgency with or without incontinence, and nocturia. Each question is scored from 0 to 5 points, the highest point corresponding to the greatest symptom intensity. A score of 8 points or more is regarded as positive for OaB. Two points were added to the total score in the men's group, as established for this questionnaire.

OaB frequency and percentage, as well as the age and sex of the primary care physicians that presented with symptoms according to the OaB-V8 questionnaire, were analyzed.

The total primary care physician sample included men and women that completed the questionnaire. Those that did not have a score of 8 or more on the OaB-V8 questionnaire were eliminated from the statistical analysis. Those individuals that were not primary care physicians or that did not complete the OaB-V8 questionnaire were excluded from the study.

Results

We received 243 questionnaires, 171 of which fit the inclusion criteria (table 1). Divided by age group and sex, there were 69 (40.35%) men and 102 (59.64%) women.

Of the 171 questionnaires that fit the inclusion criteria, 61 had a score of 8 or more, resulting in a disease prevalence of 35.67%; 28 (45.9%) men and 33 (54.09%) women.

The total mean age was 46.88 years (range: 22-80) and it was 50.58 years (range: 22-80) for men and 43.18 years (range: 22-62) for women.

In the overall view of our sample (table 2), the age group with the highest frequency, 42.62%, was that of 50 to 60 years. It was striking that the second highest frequency was found in the 20 to 30 year age group, with 21.31%.

In the men's group, the age group with the most symptoms was that of 50 to 60 years, representing half of the study population (50%). Nevertheless, the percentage found in the 20 to 30 year age group (21.31%) corresponded to almost one fourth of the study population.

In the women's group, the 50 to 60 age group presented with the most symptoms (36.36%); it was also conspicuous that the percentage found in the 20 to 30 year age group (21.21%) was the third highest of the sample. The mean scores were very close in all ranges and were practically proportional to the age, with the exception of that of the 20 to 30 year age group (14), which was slightly higher than that of the 30 to 40 year age group (13.5).

Discussion

1. A total of 35.67% of the primary care physicians in our sample may present with OAB. The NOBLE study in the United States,2,3 Milson et al.2,3 in Europe, and the EPIC study (carried out in 5 countries), all of which used the 2002 ICS definitions, reported an overall prevalence of 16.2%, 16%, and 11.8%, respectively. In the BIMSA study (2005)7 conducted in 3 Mexican cities, OAB prevalence was 23%. The high percentage of OAB symptomatology in the primary care physicians surveyed was striking, given that they have knowledge and training in pathologies. This is perhaps due to not giving the symptoms importance because adaptive mechanisms have been created or because urinary frequency and urgency are perceived as normal.

2. There was a slightly higher frequency in women (n=33) (19.29%) than in men (n=28) (16.37%) in our total study population. Frequency was the same for both sexes (16.2%) in the NOBLE study2,3 and was 12.8% for women and 10.8% for men in the EPIC study. We have observed in studies that the frequency in women is always equal to or slightly higher than that of men.

3. In our study, the frequency in women (19.29%) was lower than that of a study conducted in Taiwan6 and another by the BIMSA group7 with 34.8% and 23%, respectively; it was higher than in a study conducted in China2 and in the EPIC and NOBLE2,3 studies that showed 8%, 12.8%, and 16.2%, respectively; the data of these studies motivated us to conduct our multicenter study using the 2002 ICS definitions, in an attempt to find the true impact of this pathology in relation to Mexican primary care physicians.

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<th>Table 1 Inclusion criteria</th>
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<td>Inclusion criteria</td>
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<td>Fill out the 8-question awareness tool</td>
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<td>Answer the age item</td>
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<td>Answer the sex item</td>
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<th>Table 2 Overall view of the sample</th>
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<td>Age (years)</td>
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4. In both sexes, the 50 to 60 year age group had the highest frequency percentage in the population, as well as the mean score above 8 points; there were slightly more men (n=14) than women (n=12). This age range in men had a greater frequency of lower urinary tract symptoms secondary to prostate enlargement, a variable that was not analyzed in our study.

Conclusions

We found an OAB frequency of 35.67% and it was slightly higher in women (54.1%) than in men (45.9%).

We must work toward creating awareness in the medical population so that primary care physicians have the general or basic knowledge in relation to OAB symptoms and do not regard them as normal. This is important because these physicians have the first contact with the patient and their lack of knowledge in this respect can lead to underdiagnosis, resulting in a lower quality of life for Mexicans than that reported worldwide.

Conflict of interest

The authors declare that there is no conflict of interest.

Financial disclosure

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References