

MP40-13 THE IMPACT OF PERCEIVED STRESS AND HEALTH ON INSOMNIA IN WOMEN WITH OVERACTIVE BLADDER SYMPTOMS

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INTRODUCTION AND OBJECTIVES: Sleep plays a vital role in health and overall quality of life. Insomnia, the difficulty of falling/staying asleep or nonrestorative sleep, is linked to numerous impairments in every major facet of life: physical, mental, emotional, and social. Elderly women who suffer from a medical condition (e.g., overactive bladder; OAB) have been found to be at a highest risk for insomnia. Previous research has focused on the impact of OAB on insomnia, with limited research focusing on other possible contributing risk factors. We aim to study the impact of perceptions of stress and general health on insomnia, while controlling for OAB in the vulnerable population of postmenopausal women.

METHODS: Fifty-seven postmenopausal female patients over the age of 57 years presenting with OAB symptoms were recruited to study lower urinary tract symptoms and overall health-related quality of life. The Perceived Stress Scale was used to measure perception of stress. Perception of general health was measured using a single-item, "In general, your health is" (1 = excellent to 5 = poor). The Insomnia Severity Index was used to measure insomnia. OAB symptoms were measured using the Overactive Bladder Questionnaire. A hierarchical regression analysis was conducted to determine the effects of perceptions of stress and general health on insomnia, while controlling for OAB symptoms.

RESULTS: The results indicated that perceived stress and general health accounted for 45.6% of the variance in insomnia, while controlling for OAB [$F(3,46) = 12.86, p < .001$]. Insomnia was significantly predicted by perceptions of stress ($Beta = .451, t = 2.47, p < .05$) and general health status ($Beta = -4.47, t = 3.84, p < .001$).

CONCLUSIONS: Insomnia in OAB patients is often attributed and dismissed to symptoms, such as nocturia, that keep them awake at night; however, the results suggest that other factors, not OAB-related symptoms, can contribute to insomnia. Physicians and other healthcare professionals should screen for potential risk factors, such as perceived stress and health, in order to provide their patients the necessary resources and to increase their overall quality of life.

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MP40-14 COGNITIVE EFFECTS OF TRANSDERMAL OXYBUTYNYN IN ELDERLY PATIENTS WITH OVERACTIVE BLADDER SYNDROME

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INTRODUCTION AND OBJECTIVES: Oxybutynin is a drug that has proven effective in the treatment of overactive bladder. With the oral presentation, a deterioration in cognitive function is described. The transdermal formulation has shown a decrease of the active metabolite of oxybutynin (N-DEO) involved in the onset of side effects. Cognitive impairment of anticholinergic drugs are related to passage through the blood brain barrier and antagonism of M1 receptors in the central nervous system being the elderly population more susceptible. Objective: To determine if there is impairment of cognitive function in elderly patients, between 65 and

80 years of age, treated with transdermal oxybutynin. As secondary objectives assessed the efficacy of the drug and adherence.

METHODS: Observational, retrospective, multicenter study. Patients diagnosed with overactive bladder who met the criteria for inclusion / exclusion were assessed at office and treatment was indicated with Oxybutynin transdermal according to routine clinical practice and recommendations for use according to data sheet. Specific questionnaires pathology (Bladder Self-Assessment questionnaire (BSAQ), Patient Perception Bladder Control (PPBC)), of Adherence (Morisky-Green Test) and Assessment of Cognitive function (Impaired Memory, Test, Clock Drawing test) at the start and in the follow-up visit at 4 weeks of treatment were administered. Statistical analysis: Results were treated with relative frequency measurement. For continuous variables, central tendency measures were used for comparisons Student t test, Wilcoxon and Chi-square test was used. The level of statistical significance was set at <0.05

RESULTS: A total of 70 patients were evaluable with an average age of 71.37 years, 71.4% were women, 51.4% with basic education and 70% come from the urban environment with an average BMI of 28.68. Impaired Memory, Test results before and after treatment showed no significant differences in any of the areas of assessment of cognitive function. Similarly, no differences were observed in the Drawing Clock Test. Regarding adherence to treatment was 84% with improvement in symptoms and the PPBC and BSAQ questionnaires.

CONCLUSIONS: In our study not impaired cognitive function in elderly patients with overactive bladder syndrome treated with transdermal oxybutynin was observed

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MP40-15 USE OF THIRD LINE THERAPY FOR OVERACTIVE BLADDER IN A PRACTICE WITH MULTIPLE SUBSPECIALTY PROVIDERS: ARE WE DOING ENOUGH?

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INTRODUCTION AND OBJECTIVES: Overactive bladder (OAB) impacts over 15% of the population over the age of 40. A recent review by Veenboer showed the median persistence rates for anticholinergic medications was 12-39% at one year, due either to minimal success or intolerable side effects. The introduction of third line therapies for OAB, including sacral neuromodulation, posterior tibial nerve stimulation, and intradetrusor injection of onabotulinumtoxinA, has improved the success rates for treatment of OAB. Despite availability of effective therapy for OAB, many patients do not receive optimal treatment. Here we examine the practice patterns and utilization of third line treatment in a tertiary referral center with expertise in female pelvic medicine and reconstructive surgery (FPMRS).

METHODS: The electronic medical record was queried for all patients seen for OAB, from October 1, 2015 to September 30, 2016. Patients with a diagnosis of neurogenic bladder or BPH with obstruction were excluded. The number of visits associated with an OAB prescription and the number of patients who received third line therapy were determined and subcategorized by department, with FPMRS providers considered separately.

RESULTS: 4,435 patients were seen for a total of 7,015 visits for OAB. 37% were seen in the urology department and 27% were seen by FPMRS providers. 30% of patients seen by urologists had an OAB prescription associated with their visit, compared with 16.6% of those seen in the institution as a whole. Of all the patients seen for OAB, 4.5% received third line therapy, compared with 11.7% and 15.8% of those seen in urology and by FPMRS providers, respectively.