

## PERSONAL GOALS AND EXPECTATIONS OF OAB PATIENTS IN THE UK

### Hypothesis / aims of study

Disparities between clinical and patient perceptions of treatment outcomes have been reported and may result from differences between patients and physicians observed and expected symptom improvement (1). The Self- Assessment Goal Achievement (SAGA) questionnaire was developed to encourage patient centred discussions regarding the management of Lower Urinary Tract Symptoms (LUTS) and to assist physicians in tracking progress and managing patient expectation during therapy (2). The aim of this study was to analyse the SAGA questionnaires completed during a UK study assessing flexible dose fesoterodine in adults (SAFINA)[3].

### Study design, materials and methods

The SAFINA study was a 12 week, multicentre, open label study which treated 331 adults with OAB at 39 sites in the UK from February 2009 to January 2010. All subjects were treated with fesoterodine 4mg once daily for the first four weeks and were then given the option to dose escalate up to 8 mg daily for the next 8 weeks. Treatment was stopped at 12 weeks and subjects were reassessed at 16 weeks. At each visit during the study patients completed a 3 day bladder diary, and multiple questionnaires to identify patient reported outcomes. A preliminary version of the Self- Assessment Goal Achievement (SAGA) questionnaire was included in the study as an exploratory endpoint.

The SAGA questionnaire is a patient completed, physician reviewed tool to assess treatment goals and achievement of goals for subjects suffering from OAB and/or other lower urinary tract symptoms. The SAGA questionnaire is comprised of two parts. The first questionnaire contains 9 fixed goals and a further 5 open ended goals. These are reviewed with the clinician in order to decide whether the goals are realistic. The SAGA follow up questionnaire asks the subject to rate the degree of achievement of the treatment goals set at the beginning of the treatment. To analyse the open ended goals set by patients the responses were analysed thematically, based on grounded theory. Data were collected in batches and each batch was compared with the data from previous and subsequent batches. These comparisons gave rise to themes and sub-themes which summarise the patient's views. Goal achievement was graded as "did not achieve", "somewhat achieved", "achieved", "exceeded expectation" and "greatly exceeded expectation".

### Results

The qualitative analysis of the open ended goals revealed several themes and subthemes as recorded in Table 1. When assessing goal achievement at the end of therapy 18.7% of patients did not achieve their goals, 32% somewhat achieved their goals, 32.5% achieved their goals and for 16.8% treatment exceeded or greatly exceed their expectations in meeting their goals.

### Interpretation of results

The most common themes identified included:-

- A) OAB – despite urgency most often being described as the driving force behind patient symptoms, it would appear that in this study the most common goal that patients hoped for was a reduction in nocturia. This would suggest that in this group of patients nocturia was their most bothersome symptom.
- B) Other LUTS – in this study, patients recruited all reported OAB symptoms but patients with urge predominant mixed symptoms were also included. The common sub-themes here were in relation to stress incontinence and are therefore not a realistic goal for this clinic trial.
- C) Finishing the task in hand – this theme highlights the frustrations in daily life that many patients with OAB suffer. Not having to interrupt what they are doing in terms of travel, social life, and every day chores are common goals that patients aspire to achieve from therapy.

In total, approximately half of the patients in this trial achieved their goals following 12 weeks of therapy, with a further third somewhat achieving their goals.

### Concluding message

The use of a more qualitative approach can help to tailor patient care based on perceived individual need and enable clinicians to support patients to develop realistic treatment goals. This may improve patient – clinician interactions and ultimately improve treatment outcomes.

Table 1 – List of themes and sub-themes (N=331)

	Theme	Sub-themes	Number
A)	OAB	Reduce nocturia	156
		Reduce urgency	104
		Reduce frequency	101
		Reduce UUI	86
		Reduce pain / pressure	47
		Not have to wear pads	45
		Reduce latchkey urgency	8
B)	Other LUTS	Reduce leakage on coughing	41
		Reduce leakage on exercising	23
		Empty bladder completely	22

		Improve weak stream	8
		Reduce leakage during housework	4
		Reduce leakage when swimming	3
C)	Finishing the task in hand	Car / coach journey without stopping	78
		Shopping trip without finding loo	56
		Walk dog	52
		Watch entire film / TV show / theatre	49
		Evening out for meal	40
		Finish activity (eg church service, football match, bingo, hair-cut.	37
		Visit family / friends	29
		Go on holiday	19
		Use public transport	16
		To Queue without having to leave to go to the loo	2
D)	Psychological	To stop toilet mapping	75
		Reduce anxiety / embarrassment	21
		Feel in control	18
		Feel normal / confident	15
		To not smell	8
		To not plan life around bladder	6
		To enjoy what I am doing	3
E)	Work	Not leave meetings to go to loo	14
		To not keep leaving desk	7
		Complete an operating list	1
		To be more effective in role	1
F)	Sex	To have sex without needing the loo	2

#### References

1. Marschall-Kehrel D et al, 2006, Urology, 68:29-37
2. Khullar V et al, 2013, Neurourol. Urodyn.. doi: 10.1002/nau.22377
3. Cardozo L et al, 2012, Int. Urogynaecol J, 23: 1581-1590

#### Disclosures

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