

## Introduction

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**O**veractive bladder (OAB) affects an estimated 16% of men and 17% of women in the United States,<sup>1</sup> and prevalence increases with age. As defined by the International Continence Society, OAB symptoms are urgency, with or without urgency incontinence, usually with increased daytime frequency and nocturia.<sup>2</sup>

In July 2005, this journal published a supplement on OAB focusing on health-related quality of life, treatment costs, and patient persistence with OAB medications.<sup>3</sup> Since then, recognition of OAB appears to have increased among providers and patients. In 2009, patients, particularly men, not only are more comfortable discussing OAB, but both patients and their physicians have become increasingly aware of OAB symptoms and treatment options. This is a positive development, but there is room for improvement. OAB symptoms can cause patients to considerably alter or curtail everyday activities because of the need to be near a restroom when urgency episodes occur. Being willing to discuss symptoms with a physician and explore available treatments can help many patients resume more normal daily routines and improve their health-related quality of life.<sup>4</sup> Moreover, increased awareness of OAB by healthcare providers is warranted.

New evidence about the prevalence and impact of OAB continues to emerge. Data are now available from the EpiLUTS (Epidemiology of Lower Urinary Tract Symptoms) study, a large cross-sectional Internet-based survey of persons with lower urinary tract symptoms in the United States, United Kingdom, and Sweden.<sup>5</sup> EpiLUTS is the first epidemiologic survey to assess the burden of OAB in the United States using the current International Continence Society definition of OAB. Two papers in this supplement, one by Onukwugha et al and the other by Sexton et al, use EpiLUTS data to provide insight into the prevalence, costs, and impact on work productivity of OAB in the United States. The EpiLUTS data provide a current picture of the scope of OAB and its economic impact among persons living in the community. Furthermore, EpiLUTS offers new evidence of the substantial impact of OAB on individuals living at home—a stark contrast to former misperceptions that OAB affects mainly persons living in nursing homes or other institutions.

Also of note is the availability of newer OAB treatments.<sup>6</sup> Many patients can benefit from nonpharmacologic therapy, drug therapy, or a combination of both. In this supplement, Pelletier et al consider the total costs of nonpharmacologic management versus drug therapy in patients with OAB and note that adherence to OAB drugs in general tends to be low, as was shown previously for behavioral treatments.<sup>7</sup> Newer drugs, such as fesoterodine, which is

discussed in this supplement in a paper by Ellsworth et al, may have better efficacy and tolerability profiles than do older drugs, which may improve patient adherence. In addition, as Schabert et al point out in their paper, patient persistence with treatment and treatment outcomes might improve through a combination of educational and behavioral interventions.

As the population ages, we can anticipate an increase in the number of persons with OAB.<sup>1</sup> Greater understanding and effective management of this condition will help affected individuals maintain a healthier lifestyle and help decrease the considerable economic impact of OAB.

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