BACKGROUND / AIM

Overactive bladder (OAB) is a lower urinary tract syndrome which affects between 10-20% of the Spanish population. It is characterized by polyuria, nocturia, urgency to urinate and urgent urinary incontinence (1). Previous studies measured the effect of hydration habits on the severity of OAB (2), however, the effect of beverages related to diuresis such as caffeine, tea or infusions (CTI) and alcohol (OH) were not analyzed.

METHODS

This was an observational study with convenience sampling. 181 participants from 18 to 70 years were included.

Sample size distribution according to sex

<table>
<thead>
<tr>
<th></th>
<th>65%</th>
<th>35%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>49.2 ± 11.9 years</td>
<td>50.6 ± 11.5 years</td>
</tr>
</tbody>
</table>

*Men ≥ Women

THREE MAIN OAB SYMPTOMS

- Urgency
- Polyuria
- Nocturia

METHODS

Bioimpedance (MC-780 MA, Tanita, Tokyo).

IPSS questionnaire. Hydration questionnaire (3).

STUDY GROUPS

- CON: participants who did not consume OH or CTI
- Caffeine, tea or infusions (CTI): participants who consumed only CTI
- Alcohol plus caffeine, tea or infusions (OH+CTI): participants who consumed CTI and OH

There were not participants who only ingested OH without CTI

RESEARCH

181 adults (65.2% men), mean age 49.69±11.7 years were included. CON group represented 3% of the sample, while CTI 26% (nobody drank stimulant high-caffeinated beverages) and OH+CTI 71%. Of CTI group, 67.4% consumed CTI 7 days/week, while 11.6% consumed CTI less than 3 days/week. Regarding OH+CTI group, 60.8% consumed OH+CTI 1 or 2 days/week and 13.4% more than 5 days/week. No correlation was observed between CTI and OH+CTI for polyuria and nocturia. However, there was a relationship between study groups and urgency symptom (r=0.16; p=0.04).

CONCLUSION

Intake of diuretic beverages is high in this population and is positively related to urgency symptom. In fact, alcohol plus caffeine, tea or infusions group had significantly more urinary urgency than control group.

ACKNOWLEDGEMENTS

The authors would like to thank all subjects for their participation in this study. In addition, we would like to thank all the members of the IMFine Research Group who took part on this clinical trial. The work was funded by agreement between SagaNatura (Iceland) and the Universidad Politécnica de Madrid (Spain) (Project number: PGD160515-12). No individuals from the funding company have been involved in data collection, data analysis or writing the document. The authors declare no conflicts of interest.

REFERENCES