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Clinical and urodynamic correlations in patients with overactive bladder

Samarinas M1, Chatzilefteri Michala A1, Angeioplasti V1, Kampa M1, Margariti M1, Papapetrou V1, Kalaitzi M1, Apostolidis I1, Hatzimouratidis K1, Apostolidis A1
1. 2nd Urology Department, Aristotle University of Thessaloniki, Papageorgiou General Hospital, Greece

A cross-sectional analysis of symptom severity and detrusor behavior

120 patients with OAB symptoms

103 women • 17 men
Mean age 53.1 ± 19.4 years

KEY TAKEAWAY

Symptoms track objective dysfunction — but neurogenic patients may under-report risk.

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OVERACTIVE BLADDER: SUBJECTIVE BURDEN ↔ URODYNAMIC PHYSIOLOGY

Questionnaires, symptoms and urodynamic findings were assessed in the same cohort.

10.96	2.05	14.73	211.36
voids / 24 h	nocturia / night	DO amplitude, cmH_2O	MCC, mL

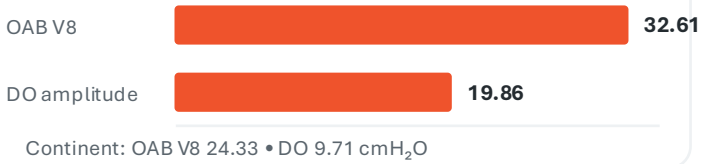
AIM & STUDY DESIGN

Cross-sectional study of 120 patients with OAB symptoms. OAB V8 and ICIQ-UI SF assessed symptom burden/incontinence; UDS measured DO amplitude, MCC, compliance, Qmax and PVR. Pearson correlations were used.

CLINICAL PROFILE

47.9% urgency **63.0% incontinence**
BMI 27.05 kg/m² **Weight 71.94 kg**

Clinical incontinence vs continent



Continent: OAB V8 24.33 • DO 9.71 cmH_2O

MCC according to DO on UDS

CORRELATIONS

r = +0.49	r = +0.46	r = +0.48
p < 0.001	p < 0.001	p < 0.05
OAB V8 ↔ 24-h frequency	OAB V8 ↔ ICIQ-UI SF	ICIQ-UI SF ↔ DO amplitude

NEUROGENIC BLADDER SIGNAL

DO amplitude: 23.33 cmH_2O
PVR: 140.00 mL vs 43.15 mL in non-neurogenic cases

CONCLUSION

OAB V8 and ICIQ-UI SF reflect objective dysfunction, but elevated DO amplitude and PVR — especially in neurogenic patients — support UDS for accurate risk assessment.