
Proceedings Paper:
Fu, Y orcid.org/0000-0003-4972-0626, Nelson, EA and McGowan, L orcid.org/0000-0001-9766-2833 (2019) An evidence-based self-management guide for older women with urinary incontinence: a feasibility study. In: Abstracts of the 19th Congress of the International Society of Psychosomatic Obstetrics and Gynaecology (ISPOG). 19th Congress of the International Society of Psychosomatic Obstetrics and Gynaecology (ISPOG), 09-12 Oct 2019, The Hague, Netherlands. .

Introduction:

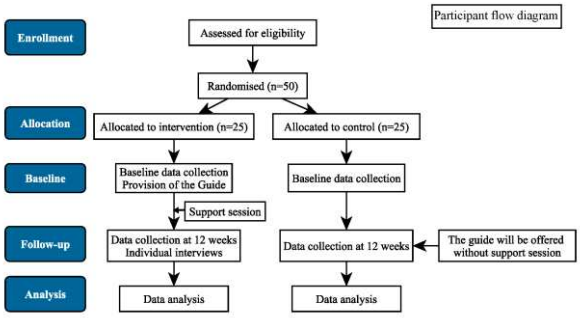
Urinary incontinence (UI) is a high priority for women aged 55 and above, and estimates of the point prevalence range from 35 to 60%, increasing with age. While not life-threatening, UI has physical, psychosocial and emotional consequences for individuals. The estimated annual cost to the UK National Health Service (NHS) is £536 million (£233 million for women). However, UI remains underreported and undertreated due to stigma and embarrassment. Self-management is considered to be beneficial. It is defined as an intervention to develop individuals' knowledge, skills or psychological and social resources and their ability to manage their health condition, through education, training and support. However, older women living with UI remain a neglected group, because it is a hidden health problem, and their knowledge, confidence and skills for self-management may decrease with age. This highlights the potential benefit of a tailored self-management intervention for older women with UI.

Objective:

To evaluate an evidence-based self-management guide for older women with UI through a feasibility study.

Methods:

Guided by the Medical Research Council (MRC) framework for complex interventions, a self-management guide was developed comprising a systematic review, individual interviews with women and clinicians, and using a nominal group technique. The guide contains information on common symptoms, available medical support, conservative management focusing on pelvic floor muscles exercise, bladder training, behaviouiral/lifestyle modifications, and other useful online resources. A mixed methods approach has been taken to undertake a feasibility randomised controlled trial (RCT) with a nested qualitative study. Women were recruited from local voluntary groups and will be followed up for 12 weeks. Women in the intervention group were provided with the self-management guide and one support session with the research fellow, whilst controls will be given the guide only at 12 weeks (see diagram below). Women allocated to the intervention group will be interviewed about their opinion of the guide. Ethical approval was secured from the University of Leeds (HREC 18-001).



Data collected included demographics and structured questionnaires concerning urine loss symptoms (ICIQ-SF), self-efficacy (GSE-UI), general (EQ-5D-5L) and UI specific (KHQ) quality of life and psychological health (HADS). Data will be analysed to assess the feasibility and acceptability of the key trial components, estimate recruitment and retention rates, ourcome measures and the sample size needed for a definitive RCT.

Results:

A total of 50 women were recruited from local community groups across West Yorkshire, UK. Baseline data collection has been completed. Fellow-up data collection will end in June 2019 (analysis will be completed by July 2019). The guide will have the capacity to modify the experience of symptoms and reduce psychological distress. First results of the study will be presented at the Conference.

Conclusions:

If the trial demonstrates that the guide is feasible and acceptable to women, we will be able to subject the guide to a more definitve RCT. This newly developed guide can also be adapted for other settings, including community continence services and specialist urogynaecology departments as an adjunct to current medical and surgical interventions.