

THE DEVELOPMENT OF A DECISION TOOL TO IMPROVE THE ASSESSMENT AND MANAGEMENT OF URINARY INCONTINENCE IN WOMEN IN THE COMMUNITY.

Hypothesis / aims of study

Health care professionals who have first contact with women with symptoms of urinary incontinence (UI) sometimes feel they lack the necessary knowledge and training to successfully assess and manage this common condition. (1) Evidence suggests that most UI symptoms in women are treatable by conservative measures, or can be ameliorated to improve quality of life. (2)

This abstract relates to the first stage of a study designed to develop and validate a decision tool to assist health care professionals (general practitioners, practice and community nurses) identify and manage the type of urinary incontinence experienced by women living in the community in the United Kingdom.

The overall aim of the study is to investigate whether the use of a decision tool to assist with the assessment of urinary incontinence in women in the community: (i) increases the accuracy with which health care practitioners identify the type of urinary incontinence a woman is experiencing; (ii) improves the appropriateness of subsequent management of a woman's urinary incontinence; (iii) leads to better outcomes for women such as improved quality of life and amelioration of urinary symptoms.

Here, we report on the first stage of the study, which focussed on the process of development of the decision tool.

Study design, materials and methods

Construction of the decision tool was based on existing evidence based guidance. (2) The tool was then iteratively tested in a series of interviews and focus groups with 52 primary care/ community based health care practitioners to ensure that it had face and content validity. Participants were recruited from two primary care trusts located in contrasting geographical sites, one more affluent and mixed urban/ rural, the other with more urban deprivation and more ethnically diverse. Five focus groups were conducted with 46 community and practice nurses; individual interviews were carried out with 6 general practitioners. Participants were presented with various formats of the tool and asked to discuss and comment on each one. The evidence based content of each version of the tool remained the same throughout but the layout varied. Discussion was stimulated by the use of a topic guide designed to explore clinicians' views of the use of a decision tool in the assessment and management of urinary incontinence.

Focus groups and interviews were audio-recorded and fully transcribed; transcripts were analysed using the 'Framework' approach. (3)

Results

Health care practitioners reported varying levels of familiarity with existing guidance relating to the assessment and management of symptoms of urinary incontinence in women. Perceptions of the need for a decision tool varied between professional groups as well as at an individual level. Discussion during the focus groups and interviews focussed on both the content and the format of the tool. To a large degree, the views expressed reflected the distinct perspectives, roles and responsibilities of the different types of professionals included in the study.

Practice nurses reported that they are well placed to pick up signs and symptoms of UI when women attend for routine cervical smear tests, but that their knowledge of assessment and management of UI symptoms tends to be limited, particularly in comparison to their in-depth knowledge of other common conditions, such as diabetes and asthma. Practice nurses stated that they would require the decision tool to be comprehensive, with clear indications for referral. Community nurses reported that assessment and management of women with symptoms of UI constitutes an important element of their work with a predominantly elderly population. Current practice consists of detailed assessment of symptoms, usually carried out over a number of visits to the patient's home, with input from family members and/or carers. With some reservations, these nurses expressed cautious endorsement of a tool which would simplify the decision making processes. General practitioners interviewed for the study commented that it was difficult for them to keep up to date with relevant guidance across the total range of their clinical activities and that guidance emanating from the National Institute for Clinical Excellence could sometimes be difficult to assimilate due to the volume of information. These practitioners said they would welcome a decision tool that summarises up-to-date, relevant guidance and aims to facilitate categorisation and management of the different types of urinary incontinence in women, in order to avoid unnecessary referrals to secondary care.

There were marked differences between professional groups regarding the suggested format of the decision tool, linked to perceptions about its acceptability and utility for practice. The majority of general practitioners and practice nurses indicated that they would prefer a tool based on a decision algorithm, produced in the form of a computer template, which they could refer to 'on screen' during the course of a consultation. By contrast, community nurses favoured a paper based version of the tool, incorporating a series of 'tick boxes' to record patients' responses to specific questions relating to their symptoms. Additionally, community nurses suggested that it would be useful to have the tool produced as an A5-sized laminated 'aide memoire' that could be used as a prompt and/or as the basis for training less experienced staff.

Interpretation of results

Findings from the initial phase of the study reveal a perceived need amongst clinicians in primary and community care for a decision tool to facilitate assessment and management of urinary incontinence in women in the community. Clinicians' prime requirements are that the decision tool should incorporate evidence based guidance and assume a 'user friendly' format that busy clinicians can readily incorporate into routine practice. Different groups of health care practitioners appear to have slightly

different needs and preferences, which need to be taken into account in the design and production of the decision tool. A later stage of this study (a pilot trial of implementation of the decision tool) should provide further insight into its use practice.

Concluding message

Study participants whose role involves them in the assessment and management of women with symptoms of urinary incontinence expressed the need for an evidence-based, 'user-friendly' tool to facilitate decision making, with the proviso that the tool format is likely to require slight modifications to suit different practice contexts.

References

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<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	The study received ethics approval from the NHS National Research Ethics Service (REC reference number: 09/H1304/36).
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes