142

Dumoulin C[1], Gareau A[1], Morin M[2], Tang A[1], Lemieux M[1], Jolivest M[1], Liberman D[1], Jadin M[3], Élliott V[1], Faro-Dussault V[1], Pontbriand-Drolet S[1], Plouffe P[1]

***1.** University of Montreal, **2.** University of Sherbrooke, **3.** Institut universitaire de Gériatrie de Montreal*

FROM PASSIVE SUBJECTS TO WELL-INFORMED ACTIVE PARTICIPANT: THE IMPACT OF A CITIZENS' JURY ON URINARY INCONTINENCE SELF-MANAGEMENT

Hypothesis / aims of study

This study evaluated the impact of a 3.5-hour interactive, multidisciplinary education session—one component of a Citizens Jury—on behavioural change (e.g., self-management, help-seeking behaviours) among older women with urinary incontinence (UI).

Study design, materials and methods

The design comprised a quasi-experimental, prospective cohort study, utilising a Citizens Jury approach,(1) with two repeated measures (questionnaires) of post-learning behaviours, one immediately following the 3.5-hour education session and another at 3 months. Study participants were elderly women, recruited through widely-posted advertisements: newspapers, a relevant foundation, continence clinics and a pre-established research bank of potential participants. Inclusion criteria required that the participants be elderly women (60 or older), ambulatory, present with UI symptoms (stress, urge or mixed) for 3 consecutive months during the past 12 months, give informed consent, and agree to complete the International Consultation on Incontinence Questionnaire-Urinary Incontinence Short Form (ICIQ-UI9) (2) and a 3-day bladder diary. Participants were excluded if they had medical problems, functional impairments or co-morbidities that could have interfered with the jury process. The 3-day bladder diary had to be returned to the research team on the day of the Citizens Jury to confirm the presence, type and severity of UI, which was initially determined through the ICIQ-UI9. The 1-day Citizens Jury was divided into two 3.5-hour sessions. The results below are specific to the first 3.5-hour session, which comprised a brief introduction; an interactive, multidisciplinary educational presentation; and an evaluation. UI experts (1 urogynaecologist, 1 physiotherapist, 1 radiologist and 2 urologists) presented the latest evidence-based literature on UI outcome measures and interventions (3): 1) UI measurement tools, 2) UI lifestyle interventions and physical therapies, 3) incontinence pessaries, 4) UI medications, and 5) UI surgeries. Each presentation was followed by a 15-minute discussion segment in which participants were invited to ask questions. In the evaluation component, participants completed 1) a *learner satisfaction questionnaire* and 2) a *learning behaviour questionnaire* designed to identify newly-acquired knowledge or behaviours that the learner wants or intends to employ. Three months later, a follow-up *learning behaviour questionnaire* was mailed to each participant to determine the participant's actions and progress (i.e., behaviours adopted) in relation to managing their incontinence problem.

Results

Overall, 43 women participated in the interactive multidisciplinary education sessions; they had mean (SD) age of 70.7 years (5.73) and 51.2% were university-educated, 20.9% college-educated, 20.9% high-school-educated. In terms of UI symptoms, 30.2% had stress UI, 32.6% had mixed MUI and 37.2% had urge UI. The following means (SD) were noted: micturition per day was 8.67 (3.4), daily leakage was 2.05 (2.7) and mean ICIQ-UI9 score was 10.0 (3.9) Finally, 62% of participants had been treated for UI in the past, all of whom indicated symptom reappearance, while 32% had never received treatments.

The *learner satisfaction questionnaire* was completed by all women at the end of the Citizen-Jury activity. The questionnaire indicated that most participants were "very satisfied" with the clinicians' presentations (i.e., clarity 89% and content 86%) and 90.5% with the delivery of the overall activity. Further, (31/43) 72% of participant (79% SUI, 77% MUI and 63% UUI) indicated that they intended to change the way they manage UI as a direct result of the knowledge they had gain. Table I represents participants' intention to make changes as measured immediately post-intervention and Table II the behaviours that were actually altered as measured at 3 months.

At three months, 83.7% (36/43) completed and returned the mail questionnaire: all 31 respondents to the initial questionnaire plus 5 additional participants who had also made behavioural changes. Noteworthy, several participants who had not filled out the initial questionnaire indicated that they had been interested but, by the end of the workshop, were too tired to complete the form. This suggests that the percentage of participants committed to making behavioural changes may have been higher than represented by the completed questionnaires.

Table I: Learning behaviour questionnaire: participants' (%) intention to change behaviours immediately post-intervention

Intended behavioural changes	**% and number of women wanting behaviour change (n=31)**
Practice regular PFM exercises	64.5% (n=20)
Bladder training & fluid intake management	54.8% (n=17)
Lose weight	19.4% (n=6)
Physiotherapy	16.1% (n=5)
Consult a doctor	12.9% (n=4)
Wear a protection	9.7% (n=3)
Use a pessary	6.5% (n=2)
Become more motivated	3.2 %(n=1)
Prevention	3.2 %(n=1)

Table II: Learning behaviour questionnaire: participants' (%) actual behaviour changes 3 months post-intervention

Actual behavioural changes	

	% and number of women who changed a specific behaviour (n = 36)
Bladder training & fluid intake management	80.6% (n =29)
Practice regular PFM exercises	72.2% (n = 26)
Physiotherapy	13.9% (n = 5)
Take medication	8.3% (n =3)
Lose weight	5.6% (n = 2)
Wear a protection	5.6% (n = 2)
Consult a doctor	2.8% (n =1)
Elevate legs	2.8% (n =1)
Use a pessary	2.8% (n =1)

At 3 months, 44.4% (16/36) of the respondents reported a reduction in UI symptoms and 25% (9/36) increased the interval between micturition. Finally, 63.9% (23/36) of the participant found the education session and subsequent behavioural changes to be an efficient approach to reducing urinary incontinence.

Interpretation of results

At the 3-month mark, a high percentage, 83.7% (36/43), of participant had integrated self-management behavioural changes into their everyday lives. These behavioural changes impacted both continence status and satisfaction among participants.

Concluding message

Interactive, multidisciplinary UI education sessions within a Citizens Jury promoted the desire to adopt self-management behaviours among older women with UI immediately after the intervention and demonstrated a high follow-through on commitment at 3 months.

References

1. Lenaghan J. Settting priorities: Is there a role for citizens' juries? BMJ. 1996;312:591-3.
2. Abrams, A. Incontinence. 4th International Consultation on Incontinence. 2008;1767-1820.
3. Avery K. Neurourol urodyn. 2004;23(4):322-30.

Disclosures

Funding: Canadian Institute of Health Research
Fond de recherceh en santé du Québec
Regroupement thématique incontinence et sexualité, Reseau québécois de recherche sur le vieillissement du Fond de recherceh en santé du Québec **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Comité d'Éthique du Centre de recherche de l'Institut Universitaire de Gériatrie de Montréal. **Helsinki:** Yes **Informed Consent:** Yes