

CONTINENCE PROMOTION WORKSHOP INTERVENTIONS FOR SELF-MANAGEMENT OF LOWER URINARY TRACT SYMPTOMS IN COMMUNITY LIVING OLDER WOMEN: A MIXED METHODS PILOT STUDY.

Hypothesis / aims of study

To investigate the feasibility of delivering workshop-style bladder health and continence promotion interventions to support self-management of lower urinary tract symptoms (LUTS) in community living older women and reduce severity of LUTS.

Study design, materials and methods

The study was a sub-study conducted among ineligible participants of a larger cluster randomised controlled trial that sought to include only women with at least weekly urinary incontinence. Participants in this study were women aged 60 years and over who self-reported LUTS and urinary leakage of once weekly or less and had not sought previous healthcare for urinary problems.

The women completed a baseline questionnaire about their urinary status and usual lifestyle habits which included the American Urological Association Symptom Index (AUASI) ¹ to measure prevalence and severity of LUTS. They then received one of four interventions according to the cluster randomisation of the larger trial (the community organisation each woman belonged to was the cluster): 1.) educational workshop on bladder health 2) general self-management workshop 3) combined workshop on bladder health and self-management 4) general women's health education session (control). The women in the general self-management and combined workshop (groups 2 and 3) also received a self-help booklet on LUTS tailored to the particular symptoms they reported. The urinary status questionnaire was repeated at 12 weeks following the intervention. Within group changes on the AUASI from baseline to 12 week follow-up were categorized as better if the AUASI score decreased by one point or more, same if there was no change in score and worse if the scores increased by one or more points. A single question in the outcome urinary status questionnaire asked the women to rate their bladder condition at 12 weeks compared to three months previously. Analysis involved a Kruskal-Wallis test followed by between group comparisons using Mann-Whitney U tests. To capture the older women's experiences of undertaking self-management of LUTS and the continence workshop, qualitative telephone interviews were conducted with a purposively selected sub-sample of 21 participants who consented to a further interview (7 from each of the three intervention groups). The extent, nature and mechanisms of behaviour change were explored in a thematic analysis using the Framework approach ².

Results

One hundred and fifteen women were recruited to the study and complete data are available for 88 (bladder health workshop n = 20, general self-management n = 24, combined n=21, control n=23). The mean age of the women was 69.4 years (SD 6.9), 22 (21%) never leaked urine, only reporting LUTS and 81 (79%) leaked urine once a month or less; they had experienced LUTS for a mean of 3.1 years (SD 1.1) and the median AUASI score was 14 (IQR 9.5). There was no difference between the groups at baseline in age (p = 0.068), perception of general health (p=0.876), symptom duration (p= 0.808), frequency of leakage (p=0.285) or AUASI scores (p=0.738).

Group changes in AUASI scores are shown in table 1. A trend towards greater improvement in reported LUTS in the three intervention groups compared to the general health education (control) group was observed.

Continence promotion Intervention	Better	Same	Worse	Total
Bladder health workshop	13 (65%)	2 (10%)	5 (25%)	20 (100%)
General self-management	16 (67%)	2 (8%)	6 (25%)	24 (100%)
Combined workshop	14 (67%)	1 (5%)	6 (28%)	21 (100%)
General health education (control)	11 (48%)	4 (17%)	8 (35%)	23 (100%)
Total	54 (61%)	9 (10%)	25 (28%)	88 (100%)

Table 1 – Change in reported LUTS at 12 weeks

Self-rated continence condition was significantly better in the combined bladder health and self-management workshop compared to the bladder health workshop (p=0.028), general self-management (p=0.047) and general health education control (p=0.002). There were no adverse effects from any of the interventions reported. The telephone interview analysis of the older women's workshop and self-management experiences generated four major themes which offer some explanation for the positive trends observed:

- Recognition of LUTS as symptoms.
- Capability to control and improve symptoms.
- Learned self-management strategies are good to avoid future bladder problems and maintain bladder health.
- Self-management skills can be applied to self-manage other, non-bladder-related conditions

Interpretation of results

The results of this pilot study indicate that a single workshop, combining education on bladder health and self-management techniques, delivered to older women with LUTS is safe and acceptable, with evidence of potential benefit for reducing self-reported LUTS and improving self-reported bladder condition. These older women had not previously recognised their LUTS as symptoms, or that they could control their bladder using simple techniques. The learning from the continence promotion workshops was seen by the women as useful for maintaining bladder health and unexpectedly was also seen as suitable for application to other long term, non-bladder related conditions.

Concluding message

Continence promotion workshops, combining bladder health and self-management education are a potentially effective intervention to enable older women to self-manage their LUTS and achieve improved continence condition.

References

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