

Start	End	Topic	Speakers
08:00	08:10	Introduction	Eva Samuelsson
08:10	08:25	Continence promotion - perceived value of eHealth	Heidi Brown
08:25	08:40	eHealth supporting self-management – barriers and facilitators	Emma Nyström
08:40	08:55	Caregivers perspective on eHealth treatment	Anne Loohuis
08:55	09:20	Discussion in small groups	
09:20	09:30	Conclusions	Eva Samuelsson Emma Nyström Anne Loohuis

### Aims of Workshop

E-Health has the potential to increase access to care and empower patients. eHealth is considered as a solution for many problems although the scientific evidence still is scarce. Also in the field of incontinence, eHealth is emerging, with a rapid increase of websites and apps. Very few of these interventions are evaluated. In this interactive workshop we will discuss eHealth solutions from a population perspective (continence promotion, prevention and self-management) and from the patient and the caregiver perspectives. Moreover, we will discuss the barriers and facilitators for dissemination and implementation of eHealth in this field.

### Learning Objectives

1. To learn more about eHealth and mHealth and what we know about the use and effect within the field of incontinence.
2. To be updated about the current knowledge about women's preferences and expectations from eHealth and caregivers opinions and attitudes towards eHealth for incontinence.
3. To reflect on the barriers to and facilitators of dissemination and implementation of eHealth for incontinence.

### Target Audience

Conservative Management

### Advanced/Basic

Basic

### Suggested Learning before Workshop Attendance

We will use a short online survey before the meeting starts. The responses to this survey will be used and discussed in the workshop.

### Introduction

**Eva Samuelsson**

WHO considers eHealth as a very important tool for reaching the goal of universal health coverage by 2030. Today more than half of the world's population has access to the Internet. The use of smartphones and apps is rapidly increasing globally, also in low income countries. The estimated number of mobile health apps is over 325 000 but it is difficult for users and caregivers to choose which to use or which to recommend. In many countries, activities are undertaken to help the users/caregivers in assessing the medical content, security, usability and effectiveness of health apps.

Most men and women with urinary incontinence do not seek care and they are not patients. Websites and apps can be used for different purposes such as promotion, prevention, self-management and treatment of incontinence. Self-management requires well-informed and motivated people and it contributes to empowerment.

There are few data published regarding the efficacy of self-management/app-treatment of urinary incontinence. The first results based on a randomized controlled trial were presented in 2015. There is still only one app intended for incontinence that has published results regarding both short- and long term effect and cost effectiveness. However, the trend is very positive with an increasing number of health apps supporting management of incontinence and a rise in the number of publications regarding effect and quality assessment. A short overview of what we know from studies regarding effect and cost effectiveness of

eHealth for incontinence in different populations and settings will be given.

### **Continence promotion - perceived value of eHealth**

**Heidi Brown**

Bladder health promotion can prevent and improve incontinence in women but little is known about its uptake in the general population. Our team has done two studies partnering with a state population health survey using mixed methods to understand uptake and engagement of bladder health promotion. In the first study, we asked women with incontinence how likely they would be to participate in bladder health promotion via in-person versus electronic methods, but did not measure actual participation. More than 60% of women with incontinence reported that they would be likely to participate in an electronic bladder health promotion program.

We subsequently disseminated via postal mail a bladder health promotion packet to all women participants in the state population health survey to gauge their actual uptake. The packet contained both written and electronic resources. Despite our previous finding that more than 60% of women with incontinence reported that they would be likely to engage in an electronic bladder health promotion intervention, only 39/399 (10%) of women in our population health survey visited the bladder health website, and only 4/399 (1%) downloaded the Tat app; 66/399 (17%) watched the TULIP video either using a DVD or on the website.

Women who accessed the video were significantly older (60 versus 48 years old) and had a higher income than those who did not; they also were more likely to live in rural areas and experience urinary incontinence. Women who accessed the website were older than those who did not (58 versus 48 years old); the number of women who accessed the app was too small to allow meaningful characterization of them versus non-users of the app.

Common reasons for not engaging included lack of time or prioritization of bladder health. Women recommended electronic rather than mail for dissemination of digital resources, noting that it was a barrier to go to the computer, phone, or tablet to access digital resources.

In summary, we found that electronic bladder health promotion disseminated via postal mail was actually taken up by less than 20% of women, versus the more than 60% who reported hypothetically that would be likely to participate with electronic bladder health promotion. Those reached were predominantly educated women with high health literacy and resources who already valued bladder health. We were surprised to find that almost no one downloaded the app.

We found that women of color, who are younger, with less education and lower health literacy, are less likely to be reached through outreach by mail, though this strategy does reach rural women.

Suggested strategies that may improve uptake of electronic bladder health promotion efforts include: (1) Highlighting relevance of bladder health promotion for groups who are less likely to engage; (2) Matching dissemination formats to materials, such as emailing electronic materials; and (3) Making outreach materials brief, colorful, and graphic, and tailoring for those with low health literacy. Further research should explore how to increase uptake of a bladder health app.

### **eHealth supporting self-management – barriers and facilitators**

**Emma Nyström**

eHealth can be used to provide information about incontinence and possible treatment options and support women to start first-line treatment with Pelvic Floor Muscle Training (PFMT) on their own. eHealth self-management of stress urinary incontinence is often appreciated and support the user's independence.

Results from a randomized controlled trial show that women who have high expectations for self-management with an app, also achieved better results. Expectations have been shown to be closely interlinked with self-efficacy, an important mediator of PFMT performance. Furthermore, women who did not perceive increased pelvic floor muscle strength also had less improvement and may be a group who at three months evaluation need referral to physical examination.

Self-management with a freely available app show high rates of discontinuation, but among those who complete 3 months of PFMT, two thirds improve. Rates of improvement are comparable with other studies based on individual or group PFMT. Background factors explained 2.7% of the variability in completion of 3 months of PFMT and did not predict self-management success. Frequency of PFMT and app usage appear to be the most important success factors.

eHealth self-management should be offered as one way to support self-management among others, separately or in conjunction with other treatment options. As with other forms of management, patient preference, motivation and self-efficacy are likely important factors to consider in order to achieve adherence.

## **Caregivers perspective on eHealth treatment**

### **Anne Loohuis**

We used focus group interviews to assess caregivers' opinions and attitudes towards eHealth for stress, urgency and mixed urinary incontinence. The focus group participants were pelvic physical therapists, general practitioners, practice assistants, urologists and urogynaecologists. The interviews focused on the use of mobile apps for urinary incontinence.

The focus group interviews focused on the following topics: positive and negative aspects of app treatment, app treatment as standalone treatment versus add-on treatment, functions that an ideal app should incorporate, information that an app should ideally collect, caregivers experiences with app treatment and considerations of caregivers for choosing a certain app.

From these focus groups it appeared that opinions about app treatment differ between the different types of caregivers. Opinions of these caregivers should be combined with opinions of patients and results of effectiveness studies. Only then app treatment should become part of standard care.

### **Take home messages**

- There is a steady increase in the number of apps aimed for self-management or treatment of urinary incontinence and quality assessment of health apps regarding security, usability and effectiveness have started in many countries.
- Electronic continence promotion has great potential for scale but we need to figure out how to widely disseminate, especially to those women with the lowest health literacy and least resources.
- Opinions about app treatment differ between different types of caregivers.
- Ideally eHealth self-management should be offered to patients who are interested in such management, as they are more likely to adhere to the required exercises.

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