An evidence-based self-management guide for older women with urinary incontinence: a feasibility study

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Urinary incontinence (UI) in women

- Prevalence increases with age (Figure 1)
- Considerable physical, psychosocial & emotional consequences
- High cost to health services (UK: £233 million per annum)
- Remains underreported & undertreated (Figure 2)

(Hunskaar et al., 2004)
Self-management

Knowledge

Skills

Manage condition & consequence

Social resources

Psychological resources

Education

Training

Support

Taylor et al., 2014
Self-management of UI: intervention development

- **MRC framework for complex intervention** (Craig et al., 2008)

  - Systematic review (16 RCTs) (Fu et al., 2019)
  - Stakeholder interviews (11 women; 11 professionals)
  - Elements of interventions
  - Nominal group technique (n=12)
  - Prototype self-management guide

**Public involvement**

**Academic expertise**

**A self-management guide**
*For older women with urinary incontinence*

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Contents

Stage 1. Recognition and awareness
- How do you know that you have UI?
- You are not alone
- What it feels like living with UI

Stage 2. Getting the support you need
- Your local healthcare team
- Continence clinic
- Urogynaecology department

Stage 3. Understanding the cause
- Common risk factors for UI
- Certain medications may cause UI

Stage 4. Learning to manage your UI
- Pelvic floor muscle exercises
- Bladder training
- Lifestyle changes
- Body care
- Managing expectations and thinking positively
- Pads and incontinence products
- Other medical treatment options

Stage 5. Developing a self-management plan
- First understand your thoughts and feelings
- Understanding how UI affects your life
- Keep a fluid and bladder diary
- Making a plan

Stage 6. How can you find out more?
- More resources that may help you
- Local healthcare support that may be available

Impact on how you feel
Your feelings can also be affected by how you manage your own expectations and develop skills to help ease the symptoms.

Managing expectations and thinking positively
For many women, there is not a quick fix for their UI. It means that you may have to live with it for the longer term. Be reassured that you can learn to manage your own expectations and develop skills to help ease the symptoms.

Common feelings are:
- Worried about the cause
- Embarrassed to tell others
- Frustrated about where to go
- Loss of confidence

Thinking positively
Positive thinking means choosing to focus on the positive over the negative. It can simply make you feel better and help you to build confidence. Here are some ideas from other women with UI.

- Telling yourself that you can overcome the condition and it does not have to prevent you doing anything
- Thinking and focusing on something pleasant, like replaying a pleasurable experience or imagining something in the future
- Thinking of things that you enjoy doing

I don’t allow anything to upset me too much. I never have done. And I’ve had some very difficult times. And I believe in being positive...
Self-management of UI: a feasibility test - design

Eligibility assessment

Randomisation (n=50)

Baseline data collection (n=24)

Support session (optional)

Baseline data Collection (n=26)

12 weeks data collection (n=24)

Dropout (n=1)

12 weeks data collection (n=25)

Data analysis (n=24)

Data analysis (n=25)
Self-management of UI: a feasibility test - methods

- **Community setting**
  - Age (mean= 69.6; SD= 9.1)
  - UI type: Stress UI (28.6%), Urge UI (34.7%), Mixed UI (36.7%)

- **Outcome measures (baseline, 12-week follow up)**
  - UI symptom (ICIQ-UI SF)
  - Self-efficacy (GSE-UI)
  - UI related QoL (KHQ)
  - General QoL (EQ-5D-5L)
  - Emotional health (HADS)
  - Perceived change (PGI-I, intervention follow-up)
Self-management of UI: a feasibility test - results

- No difference at baseline
- Sig difference in UI symptoms at 12 weeks
- Sig improvement in difference in UI symptoms at 12 weeks (MD=-1.87, 95% CI [-3.58, -0.17])
Self-management of UI: a feasibility test - results

- No difference at baseline
- Sig difference in UI severity at 12 weeks
- Sig improvement in difference in UI severity at 12 weeks (MD=-1.77, 95% CI [-3.27, -0.26])
Self-management of UI: a feasibility test - results

- No difference at baseline
- Sig difference in anxiety at 12 weeks
- Sig improvement in difference in anxiety (MD=-2.31, 95% CI [-3.62, -1.01])
Self-management of UI: a feasibility test - results

- No difference in self-efficacy and general QoL
- The majority (70.9%) felt their UI being better at 12 weeks

<table>
<thead>
<tr>
<th>Perceived change (PGI-I)</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very much better</td>
<td>1 (4.2)</td>
</tr>
<tr>
<td>Much better</td>
<td>7 (29.2)</td>
</tr>
<tr>
<td>A little better</td>
<td>9 (37.5)</td>
</tr>
<tr>
<td>No change</td>
<td>3 (12.5)</td>
</tr>
<tr>
<td>A little worse</td>
<td>4 (16.7)</td>
</tr>
<tr>
<td>Much worse</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Very much worse</td>
<td>0(0)</td>
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</tbody>
</table>
Summary

- Evidence-based intervention co-developed with women and professionals;
- Potential benefit observed through preliminary results;
- Publication of the feasibility study is on the way;
- Small sample study needs to be replicated;
- Seeking funding to adapt and test the guide in clinical settings;
- Seeking collaborations to adapt and test the guide in other contexts.
Thank you