Holding it together: Group behavioral intervention improves urinary and bowel symptoms in older women

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Objective
To determine whether a group behavioral modification program based on self-efficacy theory decreases incontinence and improves self-efficacy in community-dwelling older women

Background: The Problem
• > 60% of older women have bladder or bowel incontinence
• Increased risk of falls and institutionalization
• > $30 billion per year
• Behavioral therapies effective for most
• Most do not seek care

Background: The Proposed Solution
• Community-based continence promotion workshop “Mind Over Matter: Healthy Bowels, Healthy Bladder”
• Build skills and self-efficacy for self-management of incontinence and care-seeking, if needed, through Health Action Process Approach
• Trained facilitator helps with skills training, goal setting, symptom tracking, problem solving, action planning
• Three two-hour sessions over one-month period

Methods & Materials
Recruitment, enrollment, consent
Pre-test Survey
Post-test Survey
Follow-up Mail Survey

Results

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Results

Table 1. Sample Description

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White race</td>
<td>54 (98.2)</td>
</tr>
<tr>
<td>Attended college</td>
<td>35 (63.6)</td>
</tr>
<tr>
<td>Retired</td>
<td>44 (80.0)</td>
</tr>
<tr>
<td>Lives alone</td>
<td>31 (56.4)</td>
</tr>
<tr>
<td>Retained General Health</td>
<td>18 (32.7)</td>
</tr>
<tr>
<td>Excellent/Very good</td>
<td>30 (54.5)</td>
</tr>
<tr>
<td>Fair</td>
<td>7 (12.7)</td>
</tr>
<tr>
<td>Has primary care provider</td>
<td>38 (69.5)</td>
</tr>
<tr>
<td>Has insurance</td>
<td>54 (98.2)</td>
</tr>
<tr>
<td>Has UI</td>
<td>53 (98.2)</td>
</tr>
<tr>
<td>Has BI</td>
<td>24 (43.6)</td>
</tr>
</tbody>
</table>

Figure 1. PGI-I at 3 months

83% Better
63% Same
0% Worse

Table 1. PGI-I at 3 months

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Mean baseline score</th>
<th>Mean score at 3 months</th>
<th>Difference (95% CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Efficacy (GSE-UI)</td>
<td>60.2</td>
<td>87.4</td>
<td>27.2 (18.6, 35.7)</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Incontinence Symptoms (PFDI-20)</td>
<td>81.3</td>
<td>51.2</td>
<td>30.1 (41.6, 18.6)</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>UI Symptoms (UDI-6)</td>
<td>39.9</td>
<td>23.4</td>
<td>16.5 (22.9, 10.1)</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>BI Symptoms (CRADI-8)</td>
<td>24.4</td>
<td>8.6</td>
<td>-15.8 (23.5, -3.8)</td>
<td>&lt; 0.001</td>
</tr>
</tbody>
</table>

Conclusions

• Significant symptom improvements for the majority of the participants sustained three months following the workshop
• The lower confidence interval of improvements exceeded the minimum clinically important difference for both GSE-UI and PFDI-20
• Next step: randomized control trial

References and Funding

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