

# “Mind Over Matter: Healthy Bowels, Healthy Bladder”: A low-risk solution for women with incontinence



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*This research would not have been possible without the women who volunteered their time and shared their feedback about this program: women from the communities of Baraboo, Coloma, Grafton, Fitchburg, Middleton, Oregon, Westfield, and Viroqua*

## Objective

To determine the impact of Mind Over Matter: Healthy Bowels, Healthy Bladder (MOM) on bladder and bowel leakage (incontinence) among older women using a randomized, waitlist control trial.

## Background

- More than half of women over age 65 have bladder and/or bowel incontinence but most don't talk to a doctor or health care provider about it
- Mind Over Matter: Healthy Bowels, Healthy Bladder (MOM) is a workshop that teaches women how to make changes to improve symptoms:
  - Pelvic floor muscle exercises (Kegels)
  - Changes to fiber intake to treat constipation or loose stools
  - Changes to fluid intake to avoid irritating the bladder
- MOM is led by someone from the community (2 day training)
- MOM helps women set goals and find solutions themselves
- 3 sessions, each 2 hours long, every other week for one month

## Methods & Materials

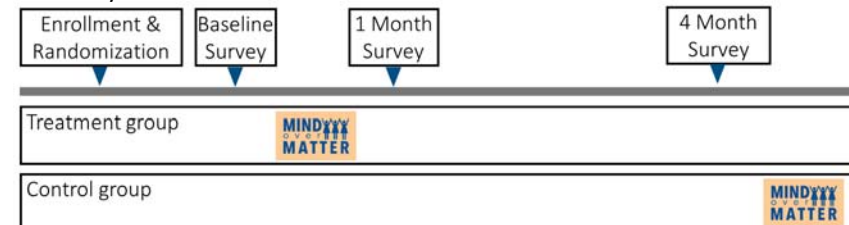
- Identified 6 Wisconsin communities willing to test the program
- Women had to be age  $\geq 50$ , and have bladder and/or bowel incontinence
- Research team screened 166 women, 122 women were consented, 121 randomized (62 treatment, 59 control), approximately 8-12 per community

## Funding

This study was made possible through generous grants from the Wisconsin Partnership Program (New Investigator Program), the WI Multidisciplinary K12 Urologic Research Career Development Award (K12DK100022) funded by the National Institutes of Health, and the UW SMPH Department of Obstetrics and Gynecology.

To learn more, you can contact our research team by emailing lead researcher Dr. Heidi Brown at [hwbrown2@wisc.edu](mailto:hwbrown2@wisc.edu) or by calling (608) 417-7485.

**Study Design:** Randomly assigning women to treatment and control groups is important for the study design, but no one wants to sign up for a study where there is only a 50/50 chance that you will get the treatment! So we did a “waitlist control” design, which means that everyone in the study completed the MOM workshop. Women assigned to the treatment group did the workshop in the spring; the control group did the workshop in the fall, after the study was over.



**Our volunteers:** We needed to enroll at least 110 women in the study, and we enrolled 122. Almost all the study volunteers returned their final surveys, which meant we knew we could trust the results.

## RESULTS: 122 women in 6 communities

Area	Total	Treatment	Control
A	18	11	7
B	18	10	8
C	21	11	10
D	28	15	13
E	17	7	10
F	19	8	11
TOTAL	121	62	59



95% (n=116) returned 4 month questionnaire

## SAMPLE DESCRIPTION

Characteristic	Treatment (N=62)	Control (N=59)	p-value
Age in years - mean (SD)	74.5 (8.1)	74.9 (10.4)	.84
BMI in kg/m <sup>2</sup> - mean (SD)	29.0 (7.0)	30.1 (7.4)	.24
Hispanic/Latina Ethnicity - n (%)	0(0)	1(2)	.47
Race - White - n (%)	61(98)	56(97)	.61
Native American /Alaska Native	1(2)	2(3)	
Works full- or part-time - n (%)	8 (13)	12 (21)	.52
Retired	49 (79)	42 (72)	
Volunteer only	5 (8)	4 (7)	
Insurance: Medicare only - n (%)	50 (82)	44 (75)	.51
Medicaid +/- Medicare	5 (8)	5 (9)	
Private / employer only	6 (10)	10 (17)	
Has diabetes mellitus - n (%)	10(16)	12(20)	.55
Excellent / very good health - n (%)	34 (55)	27 (46)	.32

*Thank you to our community partners: Shannon Myers, Amanda Kutcher, Jill McHone, Anne Stone, Dana Ames, Valerie Lecey, Karin Sevener, Kathleen Sullivan, Pat Ball, Laura Langer, Diane Pillsbury, Betsy Abramson and the Wisconsin Institute for Healthy Aging, and the whole MOM Stakeholder Advisory Board!*

**Main Results:** We asked women: “What best describes how your accidental urine leakage is now compared to how it was three months ago?” and asked the same question about bowel leakage. Women who had already completed the MOM workshop (the treatment group) were more likely to have improved symptoms, and less likely to have worse symptoms, than women who had not done the workshop yet (the control group).

## IMPROVEMENT IN BLADDER SYMPTOMS

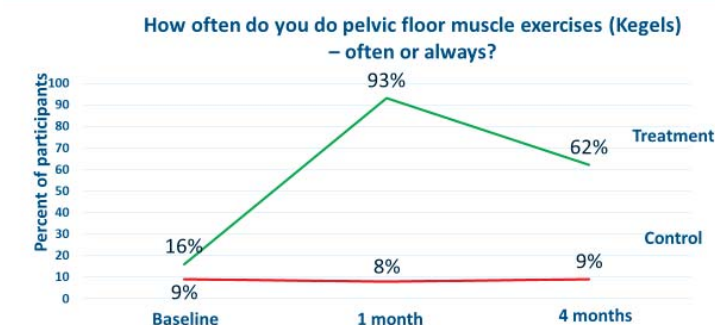


## IMPROVEMENT IN BOWEL SYMPTOMS



**The workshop also changed behavior:** Women in the treatment group were much more likely to do Kegel exercises often or always than women in the control group, not just immediately after the workshop, but even three months later!

## PELVIC FLOOR MUSCLE EXERCISES



Limitations (weaknesses):

- Limited time (only 4 months)
  - Not much diversity in our sample
  - No clinical assessments
- Strengths:
- Adequate power (enough women to make sure that our findings were not just due to chance)
  - Random assignment to the treatment and control group is the strongest study design possible for testing a treatment
  - Low rate of attrition (drop out)

## Conclusions

Bladder and bowel leakage symptoms can be improved through a program run completely without health care professionals.

The Wisconsin Institute for Healthy Aging (WIHA) already disseminates similar programs, so this program can be disseminated throughout Wisconsin with WIHA's help.

Future research will examine long-term impact and impact in other populations.

