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ADHERENCE TO PELVIC FLOOR MUSCLE EXERCISES AND LIFESTYLE MODIFICATION 8 YEARS AFTER A PHYSIOTHERAPY INTERVENTION IN OLDER WOMEN WITH URINARY INCONTINENCE

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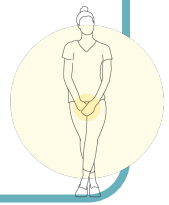
Context

- **Pelvic floor muscle (PFM) training** and **lifestyle modifications** are effective first-line treatments for urinary incontinence (UI) in older women. (1)
- Effect is maintained in the medium term, especially when continued post-treatment.
- **Adherence** appears to be a key factor in managing UI symptoms immediately after treatment and in the medium term.

Aims:

To document 8 years post PFM physiotherapy intervention:

(i) types and frequency of PFM exercises still performed,
(ii) integration into daily activities,
(iii) barriers to PFM exercise adherence,
(iv) lifestyle modifications participants integrated into daily life



Methods

8-year follow-up and secondary analysis of a non-inferiority RCT individual physiotherapy versus group-based physiotherapy for UI (2)

- weekly sessions over a 12-week period
- 15-minute educational segment on lifestyle modifications per session
- 45 minutes of progressively challenging PFM exercises per session
- PFM exercises 5 days/week at home

Upon completing the intervention → integration of lifestyle modifications
→ PFM home exercises 3 days/week

Inclusion criteria: RCT participants who completed the 1-year follow-up

Conclusions

At the 8-year follow-up:

i. **Frequency/ type** : adherence levels vary depending on the type of exercise
ii. **Integration of PFM into daily activities:** exercises that are easily incorporated into everyday activities are more likely to be maintained over time
iii. **Reasons for non-adherence:** motivation remains a challenge that should be addressed with personalized programs
iv. **Adoption of the lifestyle modifications:** high adoption

Results

Participation: 72% (231/319)
Mean age (SD): 75.3 (5.7) years
7.6-year mean gap between the intervention start date and the follow-up

i

Practicing one or more PFM exercises at least once per week	38.7% (89/230)
Practicing PFM exercises only when symptoms reappeared	11.8% (27/230)
Total repetitions of PFM exercise per day/84 in adherent participants	19.83 (21.18)
Adherent participants practicing "Exercise 1: Strength" at least once per week	89.9% (80/89)
Adherent participants practicing "Exercise 2: coordination" at least once per week	14.6% (13/89)
Adherent participants practicing "Exercise 3: fast contractions" at least once per week	44.9% (40/89)
Adherent participants practicing "Exercise 4: endurance" at least once per week	22.5% (20/89)
Adherent participants practicing exercises lying down	48.3% (43/89)
Adherent participants practicing exercises sitting down	41.6% (37/89)
Adherent participants practicing exercises standing up	44.9% (40/89)

ii

Integration of PFM contraction in daily life activities	44% (99 /225)
PFM contraction before coughing	37.2% (83/223)
PFM contraction before sneezing	34.1% (76 /223)
PFM contraction while hold a load	23.3% (52/223)

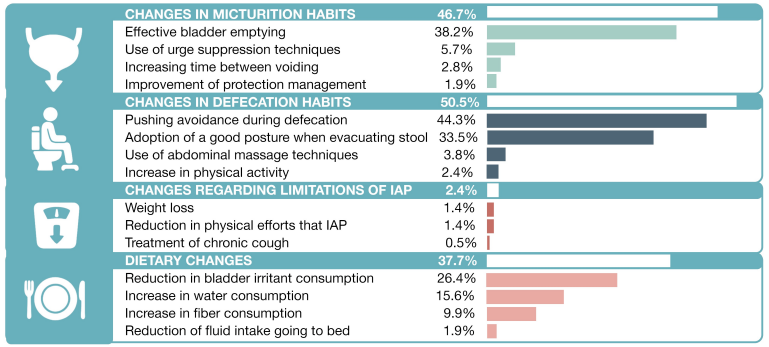
iii

Most frequently reported **reasons for discontinuing PFM exercises**:

- lack of motivation 32.6% (46/141)
- satisfaction with the current improvement 22.7% (32/141)
- time constraints 21.3% (30/141)

iv

75.9% incorporated at least one hygienic-dietary modification learned during the program into their lifestyle habits



References 1. Adult Conservative Management in Incontinence. 7th Edition. International Consultation on Urinary Incontinence, p.795-1038. ISBN: 978-0-9569607-4-02. 2. JAMA Intern Med. 2020 Oct 1;180(10):1284–93.