

A QUALITATIVE APPROACH TO NURSE LED GROUP THERAPY FOR WOMEN WITH OAB

Hypothesis / aims of study

Overactive bladder (OAB) is the symptom complex of urinary urgency with or without urge incontinence, usually with frequency and nocturia¹. A population based survey across Europe showed the prevalence of OAB symptoms was 16.6%². OAB is a distressing problem that can seriously impact upon individual's quality of life. In 2006 the National Institute for Health and Clinical Excellence (NICE) introduced guidance in the UK on the management of female urinary incontinence³. It recommends that bladder retraining should be offered as first line management for all women with OAB. To meet the high demands of our service we recently introduced bladder retraining classes which are run by our nurse specialists. The primary aim of our study was to ascertain what patients perceive as the most significant information acquired from the class using a qualitative approach. Our secondary aim was to review future key changes to the structure of these classes based on what women perceived as the most pertinent information to help guide their individual bladder retraining programme.

Study design, materials and methods

This was a prospective observational study conducted at a tertiary referral centre for urogynaecology. Women were recruited from bladder retraining classes over a 1 year period. At these classes women are advised on the anatomy and physiology of the bladder, what are normal bladder habits, lifestyle advice including fluid and diet information, urge suppression techniques, habit retraining and how to monitor success. Future management options including medication and alternative therapies are also discussed. The inclusion criteria for classes were women over 18 years of age that were English speaking and able to give consent. Women were given the opportunity to refuse attending the class and had a 1:1 session with the nurse specialist instead. All patients fully understood the nature and purpose of the study and verbal consent was obtained prior to study entry. Each participant was asked complete a questionnaire to identify what they thought to be the most important piece of information provided at the class. The questionnaire contained four questions. An attempt was made to keep all questions open ended, neutral, sensitive and clear in meaning to the patient. The responses were then analysed thematically, based on grounded theory. Data were collected in batches and each batch was compared with the data from previous and subsequent batches. These comparisons gave rise to themes and sub-themes which summarise the patient's views.

Results

In all, a total of 80 questionnaires were distributed to patients and 50 (62.5%) were included in the final analysis. The remaining 30 forms were incomplete, illegible or written in a different language. Qualitative analysis of these data showed the emergence of several themes and sub themes (Table 1). In total 12 (24%) women found fluid and dietary modification the most helpful information, 9 (20%) thought that urge suppression techniques were pertinent. 8 (16%) of women found that the support from the group environment helped the most, and 6 (12%) found advice of pelvic floor muscle training and anatomy and physiology beneficial. Women also rated advice what is normal, and information about medication, alternative therapies and general lifestyle advice as valuable.

Interpretation of results

The most common themes identified included:-

- Diet and fluid modification – many women may have bad habits in relation to diet and fluid. Knowing what a suitable fluid intake should be and food and drinks that can irritate symptoms provided helpful for many women who may have recognised this as a potential path of improvement in their symptoms.
- Urge Suppression techniques – being able to hold on and control their bladder was recurrent theme among women. This can be related to the symptoms of urgency which is often the most distressing symptoms for women with OAB.
- I am not alone – this highlights the social stigma associated with urinary symptoms and many women found that by attending the group session they were able to draw empathy and experience from the group and many realised that their symptoms were not as bad as other patients.

Concluding message

Bladder retraining has been identified as a key intervention in the management of women with OAB. The use of a more qualitative approach may help to tailor patient care based on perceived individual need and enable clinicians to factor these into the needs of a group. This may improve patient satisfaction, compliance and ultimately overall outcome whilst treating women with OAB.

Table 1

	Theme	Sub-themes	Number
(a)	Fluid and Dietary Modification	What to avoid What to drink How much to drink Why do certain foods and drinks cause problems Alternatives to popular drinks	6 1 2 1 1 1
(b)	Urge Suppression Techniques	How to control the urge Different methods of control Distraction therapy	6 3 1
(c)	I am not alone	Other people are worse off Sharing experiences Range of people Discussing others solutions Listening to others Empathy from group	3 1 1 1 1 1

(d)	Pelvic Floor Muscle Training (PFMT)	Benefit of PFMT How to train pelvic floor muscles	4 2
(e)	Anatomy and Physiology (A & P)	Relationship between bladder and brain Importance / relevance of A & P Learning the different types of incontinence Visual aids to encourage learning	2 2 1 1
(f)	What is normal	How to know when you are normal How to monitor success To know that the bladder can be retrained	1 1 1
(g)	Medication	Role of medication Role of HRT / topical oestrogens	1 1
(h)	Lifestyle modification	Effect of weight on symptoms Smoking cessation	1 1
(i)	Alternative therapies	Acupuncture	1

References

1. Neurourology and Urodynamics (2002) 21 (2), 167-178
2. BJU Int 2001; 87(9): 760-766
3. National Institute for Health and Clinical Excellence (NICE)(2006). Clinical guideline 40

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<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	Not applicable
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes