

## COMPREHENSIVE CARE OF WOMEN WITH URINARY FUNCTIONAL SYMPTOMS. WHAT RESULTS?

### Hypothesis / aims of study

Comprehensive care of urinary functional symptoms (UFS) combines pelvic floor rehabilitation (PFR) and behavioral and cognitive therapy (BCT) [1-2]. The questions are: 1) what kind of patients is involved? 2) are they compliant? 3) are they improved? 4) are they satisfied? 5) what are the reasons for discontinuation.

Our purpose was to try to respond to these questions analyzing the results in a population of women with UFS which were referred for comprehensive care of their urinary functional disorders.

### Study design, materials and methods

Sixty four women with UFS, mean age 53y [22-82y] were included. Fifty five were incontinent (15 stress, 16 urge and 24 mixed), 6 had frequency and 3 pelvic pain. Thirty four were post-menopausal and 15 had already exercised PFR.

In addition to the conventional PFR, the BCT comprised of "homework assignments" and relaxation exercises. The mean number of sessions prescribed was 10 (1 session weekly). The assessment of improvement by the physiotherapist was evaluated on clinical data using the MHU [3] (measure of urinary handicap) scale [0-28]. The patient satisfaction was evaluated using the VAS scale [0-10].

### Results

For 35/64 women who completed all the sessions prescribed, scores of discomfort were significantly improved ( $p=0.0001$ ); they are reported in table 1:

Results (No = 35)	J1	J10	p
VAS	5.7 ± 2.0	3.2 ± 1.8	<.0001
MHU	8.6 ± 4.0	4.6 ± 3.7	= .0001

The 29 women who discontinued had realized half of the prescribed sessions. Discontinuation was more common among women with no history of PFR (50% vs. 33%); the cause was improvement (10), external cause (8) and unknown (11). Fifty women were considered improved by the physiotherapist; 44 were satisfied, the other 6 had behavior disorder. Discontinuation was mainly observed by continent women or women with low initial MHU (7.3±3.8 vs. 9.5±4.2) and VAS (5.5±1.8 vs. 5.8±2.1) scores (table 2).

Analysis of discontinuation	VAS J1	MHU J1
Discontinuation (No =29)	5.5 ± 1.8	7.3 ± 3.8
No discontinuation (No =35)	5.8 ± 2.1	9.5 ± 4.2
All women (No = 64)	5.6 ± 2.1	8.3 ± 4.2

### Interpretation of results

Few studies are devoted to that kind of rehabilitation; they mainly look at urge incontinence with or without frequency.

Comprehensive care of UFS is an interesting challenge for both the patient and the physiotherapist. The main advantage, compared to other techniques is that the patient is an actor in his treatment. Jointly with the patient, the most embarrassing situation is defined and stratified in sequences. Some tools: pelvic floor exercises, breathing and relaxation are used at the onset of the embarrassing situation or in anticipation of it. Homework assignments imply the previous tools and both lifestyle advices and various diaries which are the original aspect of the method.

### Concluding message

Comprehensive care of urinary functional symptoms (UFS) is prescribed as first-line treatment for intricate cases. Despite the large number of discontinuations, which however remains similar to literature data, discontinuation is not synonymous with failure because most of discontinuations occurred in women who considered themselves sufficiently improved.

### References

1. Cottraux J. Thérapies comportementales et cognitives. Ed Masson 2001 Paris France
2. Samuel-Lajeunesse et al. Manuel de thérapie comportementale et cognitive. Ed Dunod 2004 Paris France
3. Amarenco G et al. Echelle d'évaluation du handicap pelvien: mesure du handicap urinaire (MHU). In Rééducation vésico-sphinctérienne et ano-rectale. Ed Masson 1992 Paris France pp 498-504

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<b>What were the subjects in the study?</b>	<b>HUMAN</b>
<b>Was this study approved by an ethics committee?</b>	<b>No</b>
<b>This study did not require ethics committee approval because</b>	<b>It involved retrospective analysis of a rehabilitation database.</b>

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<i>Was the Declaration of Helsinki followed?</i>	<b>Yes</b>
<i>Was informed consent obtained from the patients?</i>	<b>No</b>

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