

EMPOWERING WOMEN TO TAKE CONTROL (OF THEIR BLADDERS!)

Hypothesis / aims of study

In 2005 the Department of Health (DOH) launched the National Service Framework (NSF) for long-term conditions¹. One action point was to develop patient centred care where patients and carers are given opportunities for education and support which enables them to increase their ability to manage their condition independently. It also suggested that clinicians should form partnerships with patients and provide them with the skills and information that they need to contribute to their ongoing care through self management programmes. The expert patient is 'A patient who self manages a chronic long-term condition, has resources, knowledge and understanding to affect behaviour, is empowered to adapt, solve problems and make decisions that promote healthy behaviour with measurable, significant changes in health outcome'².

In 2006 the National Institute for Health and Clinical Excellence (NICE) published guidelines on Female Urinary Incontinence³. These recommended that all women attending clinic with Overactive Bladder Syndrome (OAB) receive at least six weeks of bladder retraining as a first line therapy. To implement these guidelines and the action points from the NSF, bladder retraining education classes were introduced in the department. These sessions provide women with information about the condition, what causes it, the scope of the problem, diet and lifestyle changes, urge suppression techniques as well as providing them with an open forum where they can discuss their fears and concerns with women in a similar situation. These classes run four times a month and 15 women are invited to each session.

The aim of this study was to determine whether the patient education classes that we provide empower women to take control of their bladder symptoms and help to reduce the stigma associated with lower urinary tract symptoms (LUTS).

Study design, materials and methods

This was a prospective observational study in which women were asked to complete a specially designed questionnaire after attendance at a class. 49 questionnaires were completed over a one month period and all of these were included in the final analysis.

Results

Question	Yes	No
Do you understand more about your bladder problem?	96%	4%
Do you feel less embarrassed about your problems?	57%	43%
Do you feel that your problem is unusual?	24%	76%
Do you feel more in control of your bladder?	67%	33%

Interpretation of results

Educating women with OAB about their condition and how their lifestyle can impact upon symptoms appears to be valuable in helping them to understand how they can best manage their symptoms. Addressing the scope of the problem amongst other women in the same situation through education and group discussion seems to help reduce the embarrassment, social stigma and feelings of isolation felt by some women with LUTS.

Concluding message

Health care provider's communication skills are paramount to the success of self management programmes. They need to be able to foster open discussions with patients about their symptoms and impart effective education and counseling to provide patients with the skills and information that they need to effectively manage their condition in the long term. This will not only help to maximise compliance but improve overall patient satisfaction through their management of OAB.

References

1. Department of Health (2005) the National Service Framework for Long-term Conditions. London, Department of Health
2. Embrey, N. (2006) A concept analysis of self-management in long-term conditions. *British Journal of Neuroscience Nursing* 2 (10): 507–513.
3. National Institute for Health and Clinical Excellence (2006) Urinary Incontinence: The Management of Urinary Incontinence in Women. Clinical guideline 40. Implementation advice. October. NICE, London.

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<i>Is this a clinical trial?</i>	No
<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>	Formed a part of a service evaluation therefore ethics approval was not necessary.
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes