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HOME-BASED HYPNOTHERAPY FOR URGE URINARY INCONTINENCE

Hypothesis / aims of study

Urge urinary incontinence may result when there is loss of central control by the prefrontal cortex over bladder function. Urge urinary incontinent women demonstrate poorer working memory capacity and slower cognitive processing, which are products of the neural processes in the prefrontal cortex[1]. Hypnotherapy teaches patients through relaxation and suggestion to regain the executive function of the brain over the bladder's afferent signals to urinate. The objective for this pilot study is to determine whether a home-based hypnotherapy program using an audiorecording decreases the number of urge incontinence episodes and improves quality of life in urge incontinent patients.

Study design, materials and methods

Women were eligible to participate if they had urge urinary incontinence at least 7 times per week, and were stable on all bladder treatments for the past 3 months. Patients attended one physician office visit to be introduced to hypnotherapy and then listened to a 15-minute audio recording twice a day for two weeks. Week-long pre and post-therapy diaries recorded the number of incontinence episodes per day. Pre and post-therapy questionnaires were also administered: the Incontinence Impact Questionnaire-Short Form (IIQ-7), Urinary Distress Inventory Short Form (UDI-6), Urgency Symptom Severity and Quality of Life (USIQ)[2] symptoms and quality of life subscales, Medical, Epidemiological, and Social Aspect of Aging incontinence questionnaire (MESA) urge incontinence subscale. Analysis was done with SPSS (Version 15) database using the paired Wilcoxon signed rank test

Results

Fourteen women participated in this pilot study. The mean age was 63 (range 40-81). Six of the 10 patients were concurrently taking anticholinergic medications; two were also stable on pelvic floor electrical stimulation; and one was also stable on sacral neuromodulation. In the past, five patients had failed anticholinergics; one had failed pelvic floor electrical stimulation; and three had undergone pelvic floor physical therapy. The mean number of urge incontinence episodes per week decreased from 35 (7 to 56) to 13 (0 to 52), p = 0.002. Table 1 details the pre- and post-treatment scores on validated urinary symptoms scales.

Table 1: Mean pre- and post-therapy scores from the Incontinence Impact Questionnaire-Short Form (IIQ-7), Urinary Distress Inventory Short Form (UDI-6), Urgency Symptom Severity and Quality of Life (USIQ) symptoms and quality of life subscales, Medical, Epidemiological, and Social Aspect of Aging incontinence questionnaire (MESA) urge incontinence subscale

	Pre-therapy	Post-therapy	p value*
IIQ-7	58 (19-95)	40 (0-100)	.030
UDI-6	61 (33-83)	41 (0-79)	.009
USIQ symptoms	71 (45-95)	50 (0-95)	.013
USIQ quality of life	46 (19-97)	28 (0-91)	.005
MESA urge incontinence	11 (4-17)	8 (0-14)	.014

* p value denotes the significance of the Wilcoxon signed rank tests comparing pre- and post-treatment values.

Interpretation of results

Home-based hypnotherapy appears to have some efficacy for treatment of urge incontinence. be an efficacious treatment option for treatment of urge urinary incontinence. Our pilot study is limited by the lack of a control group and small sample size. Hypnotherapy may play a role in a multipronged approach to treating this disorder.

Concluding message

Hypnotherapy, possibly by improving the ability of the prefrontal cortex to control bladder function, is a treatment option for urge urinary incontinence.

References

1. Morris C. "Differences in the function of the prefrontal cortex between women with urge urinary incontinence and continent cohorts". Neurourology and Urodynamics 2007;26:610-611
2. Lowenstein L et al. "Evaluation of urgency in women, with a validated Urgency, Severity and Impact Questionnaire (USIQ)". International Urogynecology Journal and Pelvic Floor Dysfunction 2009 Mar;20(3):301-307

Specify source of funding or grant	**Department of Obstetrics and Gynecology, Loyola University Medical Center**
Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**Loyola University IRB**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**