1009

Shaw C[1], Logan K[2], Dolan G[1]
1. *University of Glamorgan,* ***2.*** *Aneurin Bevan Health Trust*

HELPING WOMEN TO HELP THEMSELVES: HOW CAN BEHAVIOURAL CHANGE MODELS HELP IMPROVE COMPLIANCE WITH PELVIC FLOOR THERAPY?

Hypothesis / aims of study

Relatively few women seek help for urinary symptoms with many choosing to self manage their condition out of embarrassment, lack of awareness of treatment options, and views of incontinence as a normal part of aging(1). However, of those who do seek help many do not receive appropriate treatments(2). Indeed, although conservative management such as supervised pelvic floor therapy and bladder training are recommended as first line treatments, research has suggested that GPs do not feel adequately equipped to deliver these types of interventions in primary care(3). Based on these findings the present study aimed to carry out preparatory work to inform a self-management intervention that would enable women to understand and manage their symptoms appropriately, and allow them to make informed choices concerning treatment options, when to seek medical help and what to expect.

The present paper focuses on one theme identified in this qualitative study, which relates to information needs for compliance with pelvic floor exercises (PFE). Based on the evidence collected in this study, we considered how behavioural change theories may inform delivery of interventions designed to improve pelvic floor function.

Study design, materials and methods

This was an exploratory study and so qualitative methods were used. Unstructured face to face interviews were carried out with 19 women aged 30 – 77years (median 60years) who experienced at least one of the urinary symptoms of incontinence, urgency, frequency, or nocturia. The sample was recruited via the Gwent Continence Service or by advertisement in local newspapers and pharmacies. Participants were interviewed in their own homes and the interviews were transcribed verbatim. Thematic analysis was carried out using NVivo software.

Results

Although the women had an overall awareness of the information required to self manage their urinary symptoms this was limited, and was insufficient to motivate them to carry out the most appropriate treatments such as pelvic floor exercises. All the women were aware of pelvic floor exercises and felt that they should be doing them, although none were currently carrying them out regularly. The data was found to support a model of behavioural change used in other areas such as addictions and weight management, and which is based on the need to:

1. Identify intrinsic motivations
2. Have positive outcome expectancies
3. Strengthen self efficacy
4. Develop implementation intentions and concrete goal setting
5. Provide peer support
6. Facilitate habit formation in relation to PFE

Interpretation of results

The key to compliance with health behaviours is habit formation. Instigation of the activity in order for it to become automatic or a 'habit' requires the health professional to help women identify the importance of the behaviour change to themselves, in order for motivation to become intrinsic rather than extrinsic i.e. understanding and valuing the outcome rather than just being 'told to do exercises'. To do this the health professional must provide information on

1. the effectiveness of PFE (*to facilitate positive outcome expectancies*),
2. regular feedback on the outcome of the PFE (*to improve self efficacy*)
3. role modelling either on a face to face basis or via stories or web sites (*for peer support and to improve self efficacy*),
4. helping women to develop concrete and realistic goals and plans regarding their therapy programme (*develop implementation intentions and goal setting*), taking their individual lifestyles and preferences into account.

Concluding message

It is important to help women identify and overcome barriers to behaviour change themselves in a non-judgemental and supportive environment. The approach proposed here is based on the principles of Motivational Interviewing which has been shown to be effective with only brief intervention. However, some women may choose not to comply but by taking this approach this should be more overt, allowing the health professional to give advice on more appropriate interventions and to focus their efforts around PFE with those who are motivated to undertake this type of intervention.

References

1. Shaw, C., Brady, R., Allan, R., Jackson, C., and Hyde, C. (2001) Barriers to help-seeking in people with urinary problems. Family Practice, 18(1), 48-52.
2. Shaw C. Das Gupta R. Williams KS. Assassa RP. McGrother C. (2006) A survey of help-seeking and treatment provision in women with stress urinary incontinence. BJU International. 97(4):752-7.
3. Shaw C, Atwell C, Brittain K, Williams K. A (2007). Qualitative Study of the assessment and treatment of incontinence in Primary Care. Family Practice, Vol. 24 (5), pp. 461-7.

Specify source of funding or grant	**University of Glamorgan Research Development Grant**
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	**South East Wales NHS Research Ethics Committee** **University of Glamorgan Research Ethics Committee**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**