



#25777 Understanding Treatment Preferences among Women with Urinary Incontinence in India: an Evidence-Based Study

Komal Shah and Manish Arora
Department of Design and Manufacturing, Indian Institute of Science, Bangalore
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Hypothesis / aims of study

This study investigates which factors are most influential for female patients when selecting from all available treatment and/or management options for urinary incontinence. It is the first to also delve into the relative priority of these factors for different segments.

- Urinary incontinence (UI), a profoundly distressing and stigmatizing ailment, impacts over 20% women in India.
- A low urologist to patient ratio makes the situation worse.
- Treatment options range from lifestyle modifications, pelvic floor muscle training, drugs and injectable agents to surgical interventions [1].
- Patient preference and individual circumstances often guide treatment choices, however, very few studies [2-3] have evaluated these for different forms of UI treatment.
- While the work of Johnson et al. is limited to perspectives of nursing staff, frail older adults at a long-term care facility and their family members [2], that of Diokno et al. is limited to only three treatment methods: behavioral modification, pharmacotherapy, or surgery for UI [3].

Study design, materials and methods

A total of **47 female participants experiencing UI** were interviewed as part of the study, following obtaining their consent. Audio recordings were made for subsequent analysis.

Study Questions: Guided, qualitative questions to understand the participants' perception of their own condition and the pathway they took in identifying a solution and integrating it into their lives.

- First, two hypotheses were tested (see adjoining figure). With evidence-based qualitative confirmation or falsification of the hypotheses, the team delved into asking questions about participants' awareness of available treatment options, their personal experiences with these treatments, the decision-making process behind their choices, and their satisfaction levels.

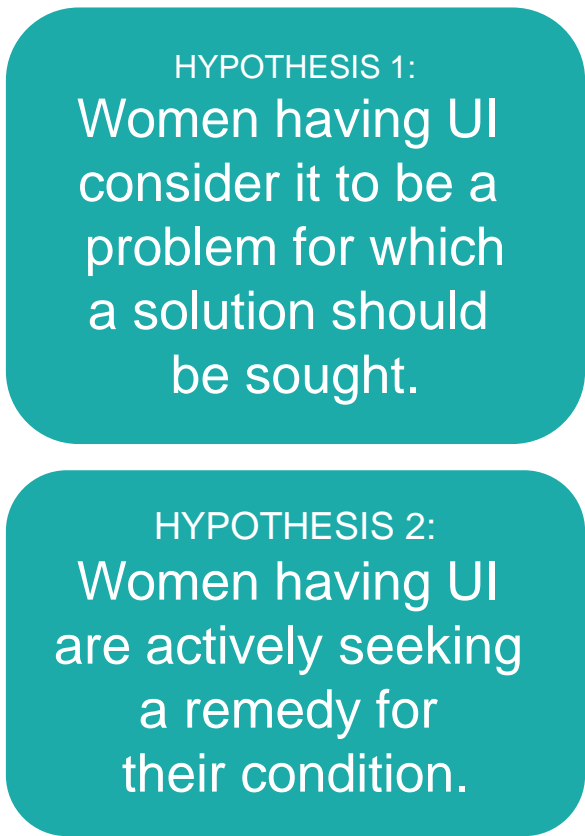


Figure 02: Core hypotheses 1 and 2

Validation of Hypotheses: The team arrived at a conclusion regarding the validity of the hypotheses through evidence collection.

- For example, in case of the first hypothesis: when a participant described how UI impacted their daily life, detailed adjustments they made to cope with it, or actively sought solutions, such actions were considered as compelling evidence supporting that UI was indeed perceived as a substantial problem.
- If a participant merely acknowledged UI as a problem without displaying any active efforts being made; this was interpreted as evidence that it may not be as severe or pressing for them.

Interim Analysis: An interim analysis was performed after every 8-10 interviews. Identified patterns about their treatment preferences and factors influencing the decision were converted into additional hypotheses to be tested in the subsequent interviews.

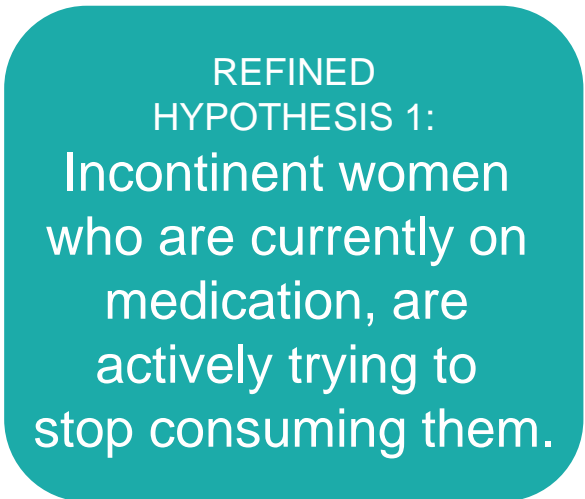


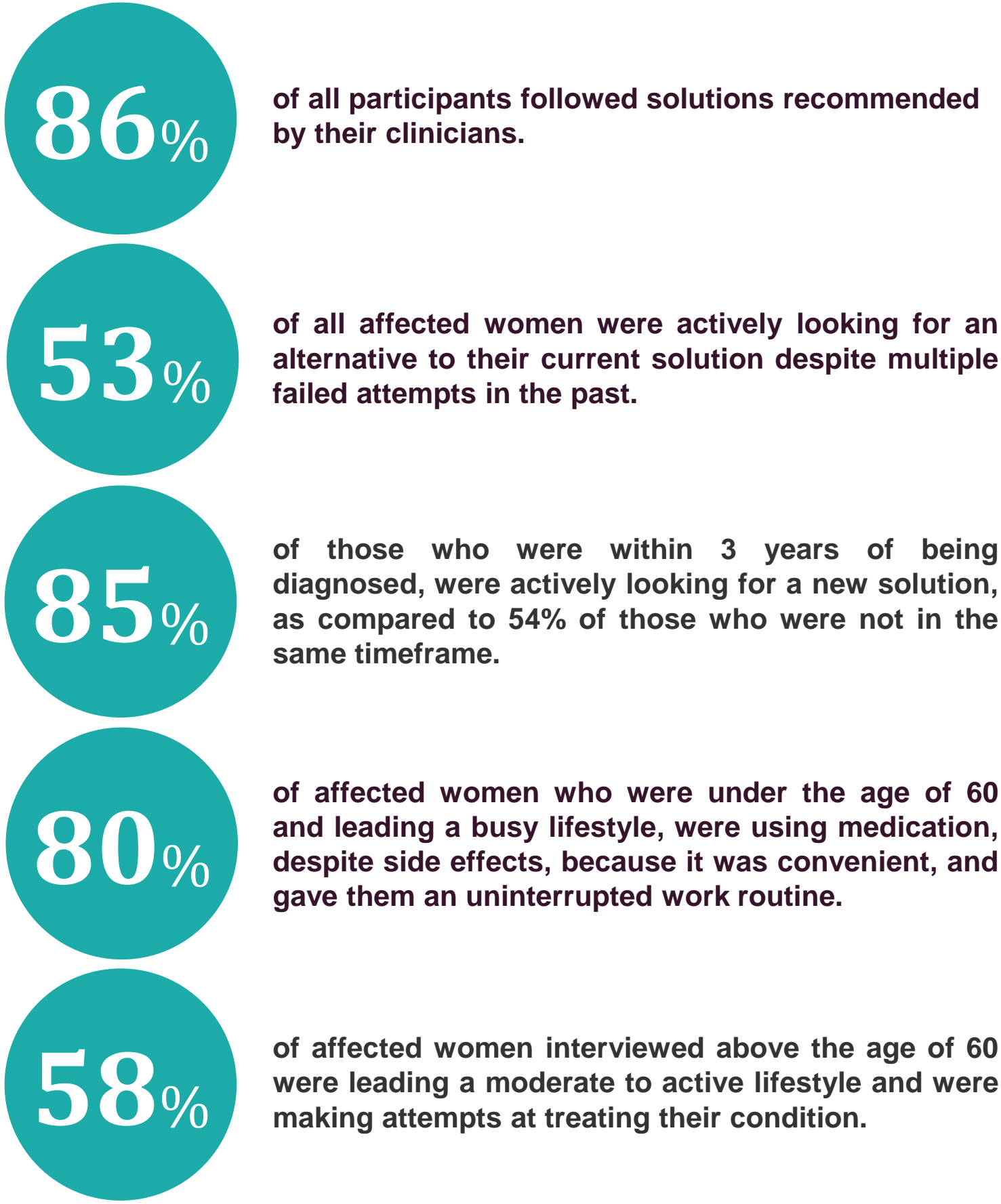
Figure 03: An example of a refined hypothesis

- This was followed by questions about the number and variety of medicinal solutions they have tried, reasons for selection, efforts to discontinue medication, and alternative strategies for managing incontinence, such as exploring “risk-free” solution like exercise.
- Iterative approach also provided insights into the relative priority of the factors affecting treatment choices.

Results and interpretation

Patients from a diverse background participated in the study: mean age – 51.37±15.05 years, mean time since first symptoms – 6.01±5.40 years, mean number of solutions tried – 1.90±1.34, with a wide variety in their work backgrounds (homemakers to executive roles), socioeconomic backgrounds, lifestyles (sedentary to athletes), and different geographic locations within the country.

- Insights gained regarding the challenges faced by individuals adhering to pelvic floor exercise routines, frequent clinic visits, reliance on absorbent pads, persistent anxiety about leakage, limitations like avoiding bus travel.
- Analysis revealed that women reliant on public transport, office-going new mothers, and those with busy, inflexible schedules – all whose regular lifestyle was severely affected by UI (henceforth referred to as ‘affected women’), were actively trying to solve it.
- Key factors that affect their choices: uninterrupted routine, ease of use, risk-free nature, cost-effectiveness, and efficacy of the solution.**
- Below are approximate numbers showing results obtained from the study:



The study findings show that women’s attitudes towards UI and their treatment preferences are closely related with its impact on their lifestyle.

When UI begins to impede their daily activities and routines, women become motivated to seek solutions actively. Women tend to gravitate towards interventions that impose minimal disruptions or constraints on their daily activities. This is clear from the identified factors that affect their choices and their prioritization of these factors.

The authors identify a small number of participants as a limitation of the study. Future work with a focus on more specific demographics, cultural influences and access to healthcare services is planned.

Conclusions

Healthcare providers must consider not only the efficacy of various interventions but also their practicality and suitability for patients' lifestyles.

By offering options that align with women's daily routines and responsibilities, healthcare professionals can empower them to actively engage in managing and treating their UI and improve their overall well-being.

References

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