

SERVICE EVALUATION FOR THE MANAGEMENT OF OVER ACTIVE BLADDER PATIENTS

Hypothesis / aims of study

Overactive bladder (OAB) is a disorder caused by involuntary contractions of the detrusor muscle. It mainly consists of the following symptoms; urgency, frequency, nocturia and urge incontinence, hence resulting in a poor quality of life. The aim of this evaluation was to discover the differences between the ways patients with OAB are managed by the consultants compared to the nurses. Current practise at the Birmingham Women's Hospital, UK is that any community new referrals can be seen either by the consultant or the nurse; however the majority of these patients see a consultant first.

It is important to assess the efficacy of the initial patient pathway at the uro-gynae clinics. This is because, providing an appropriate management pathway will be beneficial for both the patient and ensure efficient use of healthcare resources.

Study design, materials and methods

We conducted this service evaluation at the Birmingham Women's Hospital over a period of two weeks and evaluated if the management undertaken by the nurses was the same as the consultants. We are aware that specialist nurses are highly trained in managing OAB patients and can manage them conservatively without consultant input.

- Retrospective & prospective analysis of the initial management of patients with OAB symptoms.
- Duration of evaluation- 2 weeks in February 2012. Carried out at the Birmingham Women's Hospital (BWH).
- Data collected using the standardised Proforma.
- Forms were filled out for each patient by the healthcare professional with whom they had their first consultation or from patient notes in Urogynaecology clinics.
- Data collated on excel.
- Of the 84 forms that were retrieved, 62 patients were suitable for the service evaluation criteria.
- Total number of patients- 62
 - Cons led clinic - 51 Nurse led clinic – 11

Results

- Fluid advice was offered to nearly 50% of the nurse led patients compared to a third of the consultant led.
- The percentage of patients offered bladder training was similar in both clinics (40%)
- Anticholinergics were offered to nearly 50% of nurse led patients and a quarter in the consultant led patients.
- Percutaneous Tibial Nerve Stimulation (PTNS) was offered in 4% of consultant led patients and nearly 10% of nurse led patients.
- From both clinics, nearly 10% of the patients were offered Botox.
- Nearly 50% of the consultant led patients were referred back to the nurses, whereas under a fifth of the nurse led patient needed referral back to the consultants.
- A third of the consultant led patients were followed up compared to nearly 50% in the nurse led group.

Interpretation of results

Poor compliance with NICE guidelines for treatment in the community prior to referral. There was unsatisfactory completion of bladder diaries and offer for physiotherapy in both groups of clinics. The nurses did better in offering fluid advice and bladder training. More patients were prescribed anticholinergics by the nurses. This may be reflective of some patients already being on treatment from the community prior to referral. Higher percentage of patients were referred to the nurses from the consultant led clinics. PTNS and Botox are specialised treatments reserved for resistant cases and are offered by nurses/ doctors after discussion in the MDT meetings. Follow up of patients being higher in the nurse led clinic may reflect better continuity of care.

Concluding message

As per the guidelines from NICE more patients should have treatment commenced in the community . We need to improve completion of bladder diaries and offering physiotherapy across the clinics. Fluid advice and bladder training need to be improved in both clinics. As more patients were referred to nurses from the consultant clinics, a primary referral to the nurses may be more appropriate. This may help consultants focus their time on new patients with other complaints.

References

1. • Abrams P, Cardozo L, Fall M, Griffiths D, Rosier P, Ulmsten U, Van Kerrebroeck P, Victor A, Wein A. The standardisation of terminology in lower urinary tract function: report from the standardisation sub-committee of the International Continence Society Urology 2003, 61(1):37-49.
2. • Paul Abrams, Karl-Erik Andersson - British journal of urology. Muscarinic receptor antagonists for overactive bladder. Cited: <http://onlinelibrary.wiley.com/doi/10.1111/j.1464-410X.2007.07205.x/full> (1.02.12)
3. • NICE GUIDELINES (CG40) <http://www.nice.org.uk/usingguidance/commissioningguides/uiwomen/assumptions.jsp>

Disclosures

Funding: nil **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** It is a service evaluation and therefore does not involve using patients personal details. **Helsinki:** No **Helsinki not Req'd:** it does not involve the patients directly but rather the way they are managed in a hospital setting. **Informed Consent:** No