

HOME AND GROUP SUPERVISED PHYSIOTHERAPY FOR WOMEN WITH URINARY INCONTINENCE IN THE PRIMARY CARE OF SUS IN BRAZIL.

Hypothesis / aims of study

The primary care is the gateway of the Brazilian population to the Unified National Health System (SUS), a hierarchically health system provided by the Brazilian government to all Brazilian citizens[1]. Although one of the overarching doctrines of the SUS is the universal access of the population to health services, women with UI receives treatment only at the secondary level. The SUS is inflated at this level, leaving the vast majority of women with urinary incontinence (UI) without assistance. The objectives of this study were: to identify the occurrence and severity of UI in Brazilian women who are assisted by the SUS; to investigate the impact of UI in the quality of life of these women, and finally to develop and test the effectivity of a home and a group supervised physical therapy protocols for women with urinary incontinence delivered at primary care centers.

Study design, materials and methods

This in service quasi-experimental with follow-up study was developed in primary care centers. The International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF) was applied to all women who were attending two primary care centers, during July 2010 and October 2011, by physical therapy students, nurses, nurse assistants and community health agents. The women who answered yes to the first question of the ICIQ-SF were invited to participate in a physical therapy (PT) program directed to treat their symptoms of UI. Women who agreed to participate in the PT program, were invited to choose one of the two physical therapy protocols: a home based protocol or a supervised group protocol, both based on the effectiveness of the PFM training [2]. The duration of both protocols were 12 weeks. Adhesion to treatment was monitored by a chart. Participants were instructed to not initiate any physical fitness program during the treatment period. The 24-hour Pad test and the 24h micturition diary were used to detect the severity of UI as well as used as outcome measures. Information from the micturition diary were also used for education about micturition habits in both groups. Outcomes were measured at baseline, during the 6th and 12th week (end of treatment) treatment and 1 month after treatment. At the end of the treatment (12th week) participants were discharged according to the following outcomes: *cured* when 24h pad-test < 4g and no episode of urine loss at the micturition diary; *improved* when the 24h pad test was reduced but not achieved the cut off point of 4g [3] and occasional urine loss episodes on the micturition diary; *did not improve* when symptoms of UI did not change and the perception of global improvement was none. All participants signed the consent form and the procedures were approved by the Ethic Review Board. Descriptive statistics characterized women according to sociodemographics, clinical, severity and impact of UI on quality of life. Differences between groups were tested by Chi-square, Fisher or t-student tests; factorial and repeated measures ANOVA tested differences between groups over time (baseline, 6 and 12 wks, 1 month after treatment). Significance level was set at 0.05.

Results

A total of 365 users answered the ICIQ-SF and 235 (64.4%) reported symptoms of urine loss. From those, 60 could not be contacted, 61 refused to participate, 6 were excluded, 30 did not complete the protocol and 18 abandoned the study, leaving 60 participants (25.5% from the initial sample), 30 in each treatment group. The severity of the UI as well as the impact on quality of life between groups were similar at baseline ($p > 0.05$). Both protocols were effective to reduce the severity of UI (24h pad test $p = 0.004$; frequency of urine loss $p = 0.003$) as well as to improve the quality of life of participants (ICIQ-SF $p < 0.001$). Significant reduction on the outcomes were observed from the 6th week of intervention (24h pad test $p = 0.01$; frequency of urine loss $p = 0.05$; ICIQ-SF $p < 0.001$) for both groups.

At the end of the treatment, 33.3% of the participants were discharged *cured*, 43.3% *improved* symptoms and 23.3% *did not improve* and were referred to the secondary level of SUS.

Interpretation of results

The occurrence of symptoms of UI was high indicating the need of therapeutic intervention to these women. However, the participation in the treatment was relatively low. A vast number of women underestimate symptoms of UI, therefore educational programs target at the benefits of the UI treatment might be implemented in association with the protocols tested. One important aspect of the protocol is the use of inspection instead of digital palpation to evaluate the capacity of contraction of the PFM. This procedure allows general physical therapists to evaluate and treat women with UI, once most general physical therapists in Brazil are not trained to perform digital palpation. The capacity to contract PFM is one important function to be evaluated once women who can not contract the PFM can not adequately perform the PFM training. Both treatment protocols were effective and could be implemented in the primary care. Important to note that the reduction of symptoms significantly happened at the 6th week of intervention suggesting that a short physical therapy treatment duration might be beneficial for many women. Adhesion to treatment is a major concern in the physical therapy practice. The option for patient choosing the treatment protocol was an important methodological aspect to guarantee adhesion to treatment. SUS users have strong opinion about the option of treatment that better adapt to their routines, therefore the option to treatment contributed to increase the external validity of this study. The option was possible because the effectiveness of the PFM training in which both protocols were based, is already scientifically proved.

Concluding message

It is effective to treat women with UI symptoms in primary care. The implementation of both, home and supervised group physical therapy protocols should be consider by physical therapists and managers who work in primary care services.

References

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