

## HOW WELL ARE EVIDENCE BASED GUIDELINES FOR THE TREATMENT OF FEMALE URINARY INCONTINENCE TRANSLATED INTO CLINICAL PRACTICE IN PRIMARY CARE?

### Hypothesis / aims of study

The primary objective of this study is to investigate the current clinical practice of General Practitioners in primary care for the treatment of female urinary incontinence and compare this to the NICE guidelines<sup>(1)</sup>

### Study design, materials and methods

This is a study comprised of both qualitative and quantitative research phases. In January and February 2016, a series of in-depth interviews led by a psychologist experienced in medical market research and a specialist clinician, were conducted with a sample of UK General Practitioners exploring recent experiences of treating women with urinary incontinence. This data was then used to develop a questionnaire to survey General Practitioners about their current treatment of women who present to them with urinary incontinence. The survey was conducted online over a time period of 2 weeks in February 2016 by Populus Data Solutions Ltd. To determine adherence to the NICE guidelines, the survey asked GPs to select, from a list of all possible treatments for stress urinary incontinence (SUI), urgency urinary incontinence (UUI) and mixed urinary incontinence (MUI). They were asked to indicate which treatments they would use as first-line and second-line for each type of incontinence. GPs were also asked to indicate for what percentage of women they would use each treatment. For example, what percentage of women would be referred for supervised pelvic floor muscle exercises as first-line treatment for stress urinary incontinence?

For the initial diagnostic qualitative phase, a total of 9, 45 minute in depth telephone interviews with GPs (3 male, 6 female) were conducted which included a spread of practice sizes (ranging from single – handed to a practice of 13 GPs), and a spread of regional locations (2x Greater London, 2x Greater Manchester, 2x Leeds area, 3x South/South West).

The online survey sample comprised 201 GPs (76% male, 24% female), with a spread of patient caseload size, regional representation and the number of GPs working in the practice.

### Results

Overall the results demonstrate a significant deviation from the NICE guideline. In particular, with reference to the NICE recommended first line treatment for SUI, supervised pelvic floor muscle exercises, these accounted for an average of only 16.3% of GP practice. Of further concern was that medication indicated for UUI was often used as a first line treatment for SUI. Anticholinergics accounted for an average of 23.8% of first-line treatment for SUI. Despite NICE guidance clearly indicating that Duloxetine should not be considered as first or even an initial second-line option, the survey results indicate that Duloxetine accounted for 7.7% first-line and 11.5% second-line treatments in primary care. The most commonly used first-line treatment for SUI is pelvic floor exercises taught in surgery (41%).

With regard to UUI the NICE guideline recommends that the first-line treatment should be a minimum of 6 weeks of bladder training, however this comprised an average of only 34.3% with prescription of an anticholinergic being the most commonly used first-line treatment by GP's. Of concern once again was that Duloxetine, which is not indicated for UUI, comprised 8.1% and 11.2% of first and second line treatments respectively.

### Interpretation of results

These survey results clearly demonstrate significant deviations from the evidence based clinical guideline for the treatment of female urinary incontinence (NICE<sup>1</sup>) Qualitative interview data can add further insight into some possible reasons for these deviations.

With regard to offering supervised pelvic floor muscle exercises as a first line treatment for SUI, GPs reported that they commonly see women who have tried these in the past, typically having been given a leaflet post-delivery, they have failed to provide a solution to their SUI and are reluctant to be referred for 'more of the same'. The online survey also indicated that approximately 1/3 of GPs are unable to directly refer for supervised pelvic floor muscle exercises with a Women's Health Physiotherapist. Qualitative data suggests that this creates both a financial and time barrier for a GP to refer via a Gynaecologist/Urologist (incurring a consultancy fee) and the waiting time to then be referred to physiotherapy via the consultant. It was also suggested that women are reluctant to take time out of work or home activities to attend clinic appointments which are typically in a hospital setting.

This study mirrors the 2015 findings of Balchandran et al.<sup>(2)</sup>, who surveyed members of the British Society of Urogynaecology (BSUG) to assess the degree to which the NICE guideline impacted on their current clinical practice. They identified that there were three major areas of disagreement and that there were significant concerns leading to more than a third of respondents not altering their current practice in line with the entire guideline.

### Concluding message

This study has highlighted a significant gap between evidence based guidelines and 'real-world' clinical practice. It is important for clinicians and health service managers to be aware of the challenges of offering best practice healthcare to patients and to look at the use of new technology and adopt new approaches to training to ensure that there is a closer relationship between guidelines and clinical practice.

Arguably, for clinical guidelines to be truly effective as a tool for General Practice, it is not sufficient for the underlying analysis to be based solely on the cost efficiencies of various treatments. The realities of General Practice need to be factored in as well.

#### References

1. National Institute for Health and Care Excellence (2013) Urinary Incontinence: The Management of Urinary Incontinence in Women. NICE Clinical Guideline 171. National Institute for Health and Care Excellence.
2. Balachandran A, Monga A, Duckett J. (2015). Management of female urinary incontinence: A survey of urogynaecologists' view on the NICE guideline. J Obstet Gynaecol. 2015: Early online 1-5.

#### Disclosures

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