

Best in Category Prize – Quality of Life / Patient and Caregiver Experiences

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EFFECTIVENESS OF A MOTIVATIONAL INTERVIEWING WORKSHOP IN DECREASING DECISIONAL CONFLICT IN WOMEN WITH PELVIC FLOOR DISORDERS: A RANDOMIZED TRIAL

Hypothesis / aims of study

Pelvic floor disorders can significantly affect a woman's quality of life, yet many women feel uncomfortable openly discussing these topics. Treatments include lifestyle modification, pelvic floor exercises/physiotherapy, medications, and/or surgery. "Decisional conflict" arises when patients have difficulty choosing between several viable treatment options (1). Factors contributing to decisional conflict include biased information, poor peer support, and unaddressed fears. Effective counselling may help address these factors.

The primary objective of this pilot study was to assess the impact of a small-group workshop about pelvic floor disorders (urinary incontinence (UI), or pelvic organ prolapse (POP)) on decisional conflict regarding treatment options. The primary outcome was change in decisional conflict between baseline and follow up. The secondary outcome was to assess patient satisfaction with the quality of information shared during the workshop, comfort with discussing pelvic health in a group setting, and the perceived benefits of a nurse continence advisor and psychologist.

We hypothesized that women attending an educational and motivational interviewing workshop on pelvic floor disorders would have a greater improvement in decisional conflict than those who received the usual counselling with their gynecologist.

Study design, materials and methods

This pilot study was a non-blinded, randomized control trial, conducted between April 2016 and May 2017 at a Canadian tertiary care hospital.

Eighty women aged 18 years and over with urinary incontinence or pelvic organ prolapse were randomized at the time of their first urogynecology consultation to "usual care" or a 90-minute workshop on either UI or POP, as chosen by the patient. Each workshop had 5-13 participants, and was led by a nurse continence advisor and a psychologist. The first 15 minutes of the workshop comprised a nurse-led information session, while the last 75 minutes was a guided discussion by the psychologist. Usual care consisted of follow up with the gynaecologist three months after first consultation. Randomization was done using a computer-generated sequence in blocks of 1 or 2 using opaque, sequentially numbered envelopes, with group allocation revealed only at the time of randomization.

Decisional conflict was measured using the validated Decisional Conflict Scale (DCS) questionnaire (1), administered at baseline and at a follow-up time-point, between 2 and 6 months later. Women in the workshop group completed their follow-up surveys at a separate time-point following the workshop. The DCS ranges from 0 to 100 (0=no decisional conflict; 100=high decisional conflict). The DCS contains sub-scores from 0 to 100, reflecting factors contributing to ineffective decision making: feeling uncertain, uninformed, unclear about values, and unsupported in decision-making.

Analysis was done using an intention to treat model. Paired t-tests were used to compare mean DCS between baseline and follow up, two-sample t-tests were used to compare the mean change in DCS between baseline and follow up in each group. Chi-square tests were used to compare categorical data.

Women in the workshop group were asked to complete a survey following the workshop This survey consisted of 15 questions on a Likert scale assessing their satisfaction with the information session, the group discussion, and the overall workshop. They were also invited to submit written comments.

Results

Women meeting eligibility criteria (n=80) were randomized to attend the workshop (n=38) or to usual care (n=40). Two women in the workshop group were later found to meet exclusion criteria. Nine women randomized to the workshop group did not attend. An interim intention-to-treat analysis was performed (n=28 workshop, n=24 usual care). At the time of submission, follow up surveys are outstanding for 10 women in the workshop group and 16 women in the control group.

At baseline, the workshop and usual care groups were statistically similar in terms of age (mean age [range] 57 [41-77] years vs. 56 [35-83] years), marital status (86% vs. 72% married), and educational level (57% vs. 76% post-secondary degree). Urinary incontinence was the most common pelvic floor diagnosis in both groups (workshop 54%, usual care 60%), followed by both POP and UI (36% vs. 24%), and POP alone (11% vs 16%). Baseline mean [SE] decisional conflict scores were similar between groups (Workshop 33.3 [28.7], Usual Care 26.6 [23.4], p=0.4).

The change in in total DCS scores between baseline and follow-up were higher in the workshop group compared to the usual care group, with a trend toward significance (mean difference [SE]: -18.8 [22.0] vs. -9.0 [18.7], p=0.0961). The mean difference in "uncertainty" sub-score between baseline and follow-up were also higher in the workshop group compared to the usual care group (-24.0 [42.7 vs. 03 [40.4], p=0.0771). The informed, values clarity, and support sub-scores were not significantly different between groups.

Workshop surveys demonstrated that 90% of women agreed or strongly agreed that the workshop was beneficial and 97% agreed or strongly agreed that they felt comfortable discussing the topics in a group setting. Thirty-one percent agreed or strongly agreed that they would prefer to discuss these issues “alone with my doctor”, while 76% felt the discussion brought out “feelings [they] may not have discussed with their doctor”.

Interpretation of results

These interim data suggest that, in this population of predominantly Caucasian, married, post-secondarily-educated women aged 35-83 years, decisional conflict surrounding treatment options for pelvic floor disorders is reduced after participation in a 90-minute group workshop, comprising a brief educational session on pelvic floor disorders followed by a psychologist-led group discussion. The workshop was perceived by most participants to be beneficial, and most felt comfortable with group discussion. The workshop was a forum for participants to discuss feelings and ideas that they may not have been comfortable discussing with their physician.

Concluding message

Among women with pelvic floor disorders, decisional conflict is reduced after attending a workshop led by a nurse continence advisor and psychologist. This workshop format, which provides information and addresses factors influencing treatment decisions, is acceptable to patients and provides a non-threatening forum for women to discuss concerns regarding pelvic floor disorders and available treatment options. To our knowledge this is the first study to show the impact of an interdisciplinary, patient-centred workshop, on reducing decisional conflict in women with pelvic floor disorders.

References

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