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Title (type in CAPITAL LETTERS): DEVELOPMENT, IMPLEMENTATION AND ASSESSMENT OF A NEW, NURSE-LED, CONTINENCE SERVICE.

Aims of Study: Although the UK has established health services for people with urinary symptoms, the provision of treatment remains, inconsistent. The objective of the MRC study is to develop, implement and evaluate a high quality, generalisable, economically viable and acceptable mode of service provision for individuals with urinary symptoms. We conducted an observational study of the service developed in order to determine its acceptability and effectiveness before undertaking a randomised controlled trial.

Methods: An observational study was undertaken in the county of Leicestershire involving a pre and post intervention clinical assessment of men and women seeking help for urinary symptoms. During January to June 1997, 194 men and women aged 40 years or more living in the community and reporting urinary symptoms in a postal questionnaire completed treatment. The treatment comprised a package of evidence-based clinical interventions delivered over an eight week period by a team of specially trained nurses. The treatments included primary interventions for stress incontinence, urge incontinence, urgency, frequency, nocturia, UTI, iatrogenic causes, atrophic vaginitis and candida. The assessment of each patient's condition before and after treatment included both subjective and objective measurement. Objective assessment included a 3 day frequency volume chart and a 24 hour home pad test. The mean number of incontinent episodes, daytime and night-time frequency, functional bladder capacity and mean voided volume were calculated from the frequency volume chart. The 24 hour urine loss was calculated from the home pad test which was completed by most patients. Subjective assessment included patients achievement of goals set at commencement of treatment, impact of symptoms on aspects of lifestyle including activities, feelings and relationships, perceived improvement of symptoms, benefit of treatment interventions and satisfaction with treatment provision.

Results: Post intervention, 170 (88%) people reported that the treatment was of benefit and 126 (60%) felt that they had been cured or improved significantly. 129 (69%) achieved their treatment goals. The number of people stating that their urinary symptoms affected their life to a moderate to great extent fell from 76 (40%) pre intervention to 39 (20%) post intervention. The mean number of incontinent episodes reduced from 6 to 4, mean frequency from 8 to 6 and pad loss of more than 8 grams decreased from 47 people at the pre test to 38 at the post test. .

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All objective and subjective changes were statistically significant. Overall, 189 (99%) people reported satisfaction with the service provided.

Conclusions: This new evidence based service seems to be acceptable to patients and effective in reducing urinary symptoms. However, a true evaluation can only be made through comparison with existing service provision. Just such an evaluation is currently being undertaken in a randomised controlled trial.