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<p>Title (type in CAPITAL LETTERS, leave one blank line before the text)</p> <p>USE OF HEALTH SERVICES AND TREATMENTS FOR URINARY SYMPTOMS IN THE COMMUNITY. A POSTAL SURVEY OF 29,268 COMMUNITY RESIDENTS.</p> <p><u>Aims of study:</u> Urinary symptoms have a high prevalence in the community, however little is known in the UK about consultation rates for urinary symptoms nor what treatments are offered to those seeking treatment from different health care professionals (HCP).</p> <p><u>Methods:</u> A questionnaire was sent to a random sample of 29,268 community residents aged 40 and over living within a geographical area. The questionnaire asked about contact with a HCP for urinary symptoms in the preceding year. If contact with a HCP had been made, questions were asked about the treatment or advice they had received.</p> <p><u>Results:</u> There were 17,413 (60%) analysable questionnaires returned. Of these 1,951 (11.2%) had spoken to a HCP (3.4% to more than one). The HCP spoken to were: general practitioner 8.7%, hospital doctor 2.9%, physiotherapist 1.5%, specialist continence nurse 1.2%, other nurse 1.2%. The 'Treatments' received by those who had contacted a HCP were: antibiotics 35.9%, other medication 19.8%, referred to hospital 25.3%, pelvic floor exercises 13.7%, urinary diary 7.3%, bladder training 5.7%, informed how to get pads 7.5%, reassurance 19.1%, asked to return if symptoms worsened 30.1%, awaiting treatment 9.1%, and surgery 5.4%. Different professionals tended to give different types of treatment. There were interesting variations noted between sexes and ages in consultation rates and treatments prescribed.</p> <p><u>Conclusion:</u> Urinary symptoms account for a substantial number of consultations with HCP. The majority of consultations were with a general practitioner alone, few people seeking help directly from other HCP. Relatively expensive management options such as provision of medication and secondary referral were commonly used. Simple investigation with a urinary diary and treatment with bladder training, although of proven efficacy, were rarely used. Many patients received no 'treatment' (reassurance, supplied with pads, asked to return if symptoms worsened) even in the presence of significant symptoms. Pelvic floor exercises were rarely supervised by a physiotherapist and were thus likely to have limited efficacy. Surgery accounted for only a small minority of interventions. Future integrated continence services aimed at reducing the prevalence of urinary symptoms should seek to see large numbers of patients in a community setting, routinely use simple evidence-based interventions based on clearly documented protocols and should work closely with the primary and secondary health care team to provide a seamless service.</p>	