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## Title (type in CAPITAL LETTERS, leave one blank line before the text)

LONG-TERM FOLLOW-UP OF A NEW NURSE-LED CONTINENCE SERVICE.

Aims

Long-term follow-up of interventions for urinary symptoms are rarely reported. We have previously described a new nurse-led service for urinary symptoms in the community. A two-year follow-up of this group of patients has now been completed. This study was undertaken to determine whether initial benefits in symptom improvement and satisfaction with service provision were maintained after a two-year period.

Methods

During 1997, 235 patients were selected with a number of urinary symptoms from a community sample to enter a new nurse-led service. The patients were treated for eight weeks with simple evidence based interventions. Of the 235 people allocated to receive treatment, 152 completed treatment and were discharged, 51 withdrew from treatment before completion and 32 went on to further randomised controlled trials (RCT's). Of the 203 people remaining who did not go on to further RCT's, 7 died leaving a total of 196 for follow-up within this study. A postal questionnaire was sent to these patients in the summer of 1999 giving a median follow up of 27 months (range 20-31 months). This questionnaire included questions on incontinence, urinary frequency, nocturia and urgency, satisfaction and perceived effectiveness of treatment and subsequent health-care usage.

Results

In total 154 questionnaires were returned (79% response rate). The response rate was higher in those who completed treatment (87%) than those who had withdrawn (54%). A comparison was made at baseline and at two year follow up for a number of urinary symptoms. Pre intervention, 76 people reported incontinence (of several times a month or more), of these only 30 reported incontinence at the 2-year follow up, for frequency (of hourly or more) 5 out of 32 people reported this symptom 2 years later; for nocturia (of three or more times per night) 8 out of 21 reported this symptom two years later, for urgency (overwhelming) 24 out of 43 reported this symptom at the two-year follow up.

Of those followed up 73% were satisfied with the treatment they were given, 81% found the service worthwhile and 82% would recommend the service to others. Only 9% had sought further treatment for their urinary symptoms in the intervening two years.

Conclusions

The evidence based nurse-led service being evaluated seems to be effective in reducing symptoms, and is acceptable to patients in both the short and long term. Generally, patients who are treated as part of the service do not seek further treatment within a two-year period. A randomised controlled trial is currently being undertaken of this new mode of service provision, the importance of including medium to long term outcome measures is imperative in order to determine long term clinical and cost effectiveness.