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Title (type in CAPITAL LETTERS, leave one blank line before the text) COCHRANE REVIEW OF ABSORBENT PRODUCTS FOR CONTAINING URINARY AND/OR FAECAL INCONTINENCE IN ADULTS.
<u>Aims of Study</u> Many people who suffer from incontinence cannot be successfully cured and depend, almost exclusively, on the use of containment products to manage their symptoms. This systematic review aimed to assess the effects of different types of absorbent product (bodyworn, underpads, and different fabric types for disposable products) for the containment of urinary and/or faecal incontinence in adults.
<u>Methods</u> 1. Search strategy We searched the Cochrane Incontinence Group trials register of controlled trials. The register includes references from MEDLINE, EMBASE, CINAHL, and CENTRAL/CCTR in The Cochrane Library. This comprehensive electronic search was supplemented by studies found in reference lists of eligible articles, and from the commercial literature supplied by the providers of absorbent products. 2. Selection criteria All randomised or quasi-randomised trials of absorbent products for the containment of urinary and/or faecal incontinence in adults, were included in the review.

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3. Data collection

Both reviewers assessed the methodological quality and independently extracted data from included trials using a standard form.

Results

Five studies with a total of 345 participants met the selection criteria.

Two studies compared disposable with non-disposable bodyworn, one disposable with non-disposable underpads, two fluff pulp with superabsorbent polymers, and one bodyworn with underpads. On the whole the methodological quality of included trials was poor or uncertain. All trials were small and employed a limited range of outcome measures.

There are suggestions that disposable products are more effective than non-disposable products in decreasing the incidence of skin problems, and that superabsorbent products perform better than fluff pulp products.

Conclusions

The limited number of randomised controlled trials identified by this review and their poor methodological quality do not allow any definitive statements about the optimum choice in terms of absorbent products for people with urinary and/or faecal incontinence.

Well-designed randomised controlled trials covering patient-centred outcomes as well as clinically relevant product variables are needed to provide evidence on which to base recommendations for clinical practice.