

## **RANDOMISED CONTROLLED TRIAL OF CONSERVATIVE MANAGEMENT OF POSTNATAL URINARY AND FAECAL INCONTINENCE: LONG TERM FOLLOW-UP STUDY**

### **Aims of Study**

Women in a randomised trial of conservative management for persistent postnatal incontinence were followed up to evaluate long term outcomes. At initial follow-up, one year after the index delivery, fewer women from the intervention group had urinary incontinence (60% vs 69% in the control group,  $P=0.04$ ) and faecal incontinence (4% vs 11%,  $P=0.01$ ) (1). The main aim of the study was to test the hypothesis that enhanced conservative management reduced the prevalence and severity of urinary and faecal incontinence six years after delivery.

### **Methods**

Women who had postnatal urinary incontinence 3 months after a delivery in 1993–94 were randomised to receive enhanced conservative management or standard care. The intervention consisted of a nurse assessment of urinary incontinence, with advice on pelvic floor muscle training exercises at five, seven and nine months after the index delivery, supplemented with bladder training if appropriate at seven and nine months. They were contacted again in 2000 by postal questionnaire. Data included incidence and severity of urinary and faecal incontinence, use of pelvic floor exercises, anxiety and depression, and intervening treatment and obstetric histories.

### **Results**

Of 747 women initially randomised, 516 (69%) responded 5–7 years after trial entry. On average, the women had a further 1.5 deliveries since the index birth. The proportions with any urinary incontinence were not significantly different between the trial arms (201/263, 76% in the intervention group compared with 201/253, 79% in the control); nor for severe urinary incontinence (at least once per week, 38% vs 39%). The groups did not differ in terms of pad use or overall rating of severity of incontinence using a visual analogue scale. The women were equally likely to be performing pelvic floor muscle training (50% in both groups): this level was similar to that reported by the control group at one year after delivery (48%) whereas the intervention group reported higher use at that time (79%). Faecal incontinence to motions was equally likely in both groups (32/261, 12% vs 32/248, 12.9%). There were no significant differences in measures of anxiety or depression. Since the end of the trial, four women had received an operation for persistent incontinence, six received drug treatment and 22 had been treated by a physiotherapist. These analyses were not adjusted for change in parity.

### **Conclusions**

The initial modest effects of enhanced conservative management of urinary and faecal incontinence were not sustained 5–7 years later. However, the high early rates of urinary and faecal incontinence increased further with time. The majority of women who are incontinent at 3 months after delivery can expect to have persistent problems which may require further intervention.

### **Reference**

*BMJ* 2001;**323**:593–596.