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IS THERE A ROLE FOR SELF-MANAGEMENT (LIFESTYLE AND BEHAVIOURAL) INTERVENTIONS TO BE DELIVERED TO MEN WITH UNCOMPLICATED LUTS IN SMALL GROUPS?

Aims of Study

Patient education in groups is well established in disease areas such as cardiac rehabilitation and arthritis. No such forum exists in urology. We discuss our experience of running a self-management programme for men with uncomplicated LUTS (no evidence of malignancy, renal failure, bladder stones, acute or chronic urinary retention, or urinary tract infections). This programme was developed to provide men with skills to manage their LUTS themselves through modifications in lifestyle and behaviour.

Methods

Newly diagnosed men with uncomplicated LUTS were invited to attend a nurse facilitated self-management programme. All men were assessed in a one-stop nurse-led LUTS clinic. The programme consisted of 3 group sessions (3-5 men per group) held over 6-weeks. Content included: education/reassurance (e.g. prostate and bladder function, discussion about prostate cancer and prostate specific antigen, expected future symptoms, risk of acute urinary retention), lifestyle modifications (e.g. fluid management, caffeine avoidance and alcohol moderation) and behavioural changes (e.g. strategies for post-micturition dribble, double voiding and bladder re-training). Interventions targeted the most bothersome symptoms through problem solving and goal setting. Each man set behavioural goals that were reviewed on subsequent visits. Throughout the programme men discussed their symptoms, coping strategies, and their successes and failures with new behavioural goals set.

Results

25 men, mean age 64 (42-86), mean I-PSS 19.5 (9-32) attended the programme. 24 men completed the six-week programme. The men talked freely about their symptoms, and were willing to share personal and sensitive information with the rest of the group. Patients were keen to try lifestyle and behavioural interventions to control their symptoms, with many establishing new behaviours with significant reduction in symptoms at the end of the programme e.g. mean I-PSS reduction of 9.7 (95%CI 7.0-12.4). Reasons for failing to maintain a behavioural goal e.g. caffeine avoidance, were explored by the rest of the group through the nurse facilitator. All men attending the programme rated the sessions as very or extremely acceptable.

Conclusions

Nurse-facilitated group sessions are an acceptable forum for patient education in men with uncomplicated LUTS. Self-management interventions delivered in group sessions are an acceptable, efficient and cost-effective way to provide men with a strategy to control their symptoms through changes in lifestyle and behaviour.