

EVALUATION OF GOAL ATTAINMENT SCALING AS AN OUTCOME MEASURE IN THE MANAGEMENT OF URINARY INCONTINENCE

Aims of Study

Urinary incontinence is a prevalent disorder among the elderly that can severely compromise quality of life, self-esteem, and independence. The ramifications of urinary incontinence are varied. Patients present with a wide-range of desired outcomes, including reduced wet events, decreased episodes of nocturia, reduced urinary frequency, reduced pad use, and improved quality of life. Given the spectrum of potential consequences and desired outcomes, it has previously been difficult to develop a valid, responsive standardized measure of clinical success of urinary incontinence.

We examined the feasibility, validity and responsiveness of Goal Attainment Scaling (GAS) as an outcome measure for behavioural interventions in elderly people with incontinence seen in an outpatient continence clinic. GAS is a patient-centered measurement that is based on the desired outcome(s) of each individual patient. The outcomes are quantifiable (e.g., episodes of nocturia, number of pads used) and are placed along a continuum of success. That is, treatment outcomes are not considered in binary terms (success vs. failure), but rather rated by the degree to which the desired goal is met.

Methods

Patients attending their regular continence clinic appointment were asked to develop a list of desired outcomes. For each goal, the patient and clinician developed a quantitative scale for 5 possible treatment outcomes (much less than expected, somewhat less than expected, expected level, somewhat better than expected, and much better than expected). The participants also completed the Modified Wyman Incontinence Impact Questionnaire (MWIIQ) and the Incontinence Quality of Life Questionnaire (IQOL). Interventions that were initiated or reviewed at the baseline clinic visit were listed and adherence to the interventions was assessed at follow-up.

Results

Twenty cognitively intact female patients (mean age = 70.3 years, range 51-81) participated. Average time between baseline and follow-up was 3.5 months (range 1.9 to 6.4 months). We found that it was feasible to operationalize one to three individualized GAS goals in an outpatient Continence Clinic setting. Eighty percent of participants listed 'decreased wet episodes' as a goal, 35% listed 'decreased nocturia', 20% wanted to decrease 'pad use'. Other goals listed were 'urinary frequency' (15%), 'fluid intake' (5%), and 'postponement time' (5%). The mean GAS baseline score was 37.8 (3.7). The mean GAS follow-up score was 53.5 (13.6), indicating overall attainment of goals at an expected level as at least a 50% adherence to most of the interventions.

Goal Attainment Scaling scores were significantly correlated with IQOL total scores at follow-up ($r = 0.507$, $p = 0.023$). GAS scores were not significantly correlated with age or the number of goals addressed.

Conclusions

Goal Attainment Scaling proved to be a feasible, valid and responsive measure of overall patient quality of life related to bladder control at an outpatient continence clinic. It is appropriate for use with older women seen in an outpatient continence clinic.