

Abstract 606: IS PFMT EFFECTIVE FOR FEMALE OAB? A SYSTEMATIC REVIEW

Bø K¹, Fernandes A², Duarte T², Brito L³, Ferreira C²

1. NSSS, 2. Ribereiro Preto Medical School, University of Sao Paulo, 3. University of Campinas



Department of Sports Medicine
NORWEGIAN SCHOOL OF SPORT SCIENCES

Introduction

Overactive Bladder (OAB) syndrome has been defined as: urinary urgency, usually accompanied by frequency and nocturia, with or without urgency urinary incontinence (UUI), in the absence of urinary tract infection or other obvious pathology (1). OAB syndrome can be very bothersome and is associated with comorbidity, impaired quality of life and reduced emotional well-being and work productivity.

The rationale behind the use of pelvic floor muscle training (PFMT) to treat symptoms of OAB is based on observations of the PFM voluntary contraction during urodynamic assessment. PFM contractions leads to a decline of detrusor pressure, an increase of urethral pressure and suppression of the micturition reflex, and these results encourage the use of PFM contractions in treatment of OAB (2). After inhibition of the urgency to void and detrusor contraction, the patients may gain time to reach the toilet and thereby prevent leakage.

The primary aim of the present study was to evaluate the effect of PFMT on OAB symptoms in women. The secondary aims were to assess the influence of PFMT on PFM function, satisfaction with treatment, side effects, adherence to treatment and the quality of exercise reporting.

Methods

- Systematic review conducted from Jan 11th to Jan 29th 2018.
- Primary outcome: OAB symptoms (UUI, urgency, frequency and nocturia).
- Electronic search on MEDLINE/PubMed, Embase, CINAHL, SciELO, SCOPUS, Web of Science and PEDro + manual search of reference lists of the selected articles.
- Inclusion: full text articles of RCTs including female participants and studies investigating PFMT versus inactive control or usual care, other life style modifications or other interventions.
- Exclusion: studies on pregnant women or women with neurological diseases.
- Selection of studies by two independent researchers.
- Risk of bias: Physiotherapy Evidence Database (PEDro) scale.
- Use of standardized data extraction form.
- The Consensus on Exercise Reporting Template (CERT) was used to evaluate how the interventions were described. CERT is a checklist, with a total of 19 items and sub-items

Results

Eight studies were included. Five of the RCTs scored 6 and two studies scored 4 or 5 out of 10 on PEDro rating scale. The score on CERT varied from 4 to 9 out of 19 items/ sub-items

In relation to symptoms of OAB, all studies were homogeneous at baseline.

Due to huge heterogeneity of the studies, a descriptive analysis was performed.

PFMT provided a significant reduction of OAB symptoms compared to the control interventions in four of eight studies. There was a reduction in urinary frequency, nocturia, urgency and UUI.

Three of eight studies assessed PFM function before and after treatment and they used three different assessment tools (palpation, surface electromyography and manometry). Two of the three studies found an improvement in PFM function in the groups receiving PFMT compared to other groups.

Conclusions

- To date there are few RCTs evaluating the effect of PFMT on OAB symptoms.
- Different training protocols and outcome measures have been utilized in the studies.
- There is some evidence that PFMT might reduce OAB symptoms, but half of the studies did not show any effect
- Due to many limitations of the published studies it is not possible to clearly determine the effect of PFMT on OAB symptoms and PFM function.
- There is an urgent need for high quality RCTs to investigating the effect of PFMT on female OAB symptoms.

References

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