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USING AN ELECTRONIC PELVIC FLOOR QUESTIONNAIRE TO INCREASE DISCUSSION RATES OF URINARY INCONTINENCE (UI) IN PRIMARY CARE: A RANDOMIZED CONTROLLED TRIAL

Hypothesis / aims of study

Only a minority of women with UI report having discussed it with a health care provider in the past year. In addition, primary care doctors only screen for UI 16% of the time[1] and 85-90% of conversations about UI are initiated by the patient.[2] The aim of this study was to evaluate whether the use of an electronic pelvic floor assessment questionnaire (e-PAQ-PF) will improve communication about UI in primary care.

Study design, materials and methods

Women aged 40 and older scheduled for a primary care well visit between Aug 3, 2007 and Aug 8, 2008, were sent a letter inviting them to participate in the study. Women who expressed interest were randomized within clinician using a computer generated list to either fill out the e-PAQ-PF prior to or after their visit. The e-PAQ-PF consists of 4 dimensions (urinary, bowel, vaginal and sexual health) which assess symptom severity and bother as well as impact on quality of life.[3] It produces a report which was given to clinicians of the pre-visit e-PAQ-PF group and to all participants. All participants were also asked to complete a post-visit questionnaire after their visit which asked them whether UI was discussed and whether the clinician or participant initiated the discussion. All participants received the standard clinic intake paper forms which included a question about UI.

The primary outcome measure was mention of UI in the clinic note. Secondary outcome measures included participant report of discussion of UI and clinician-initiated discussions of UI. Analyses were repeated for subgroups based on age and UI per the e-PAQ-PF screen. Given the nature of the study, participants and primary investigator were not blinded. Clinicians, while aware of intervention participants, were unaware of which of their patients were control patients.

Results

284 women enrolled in the study (145 pre-visit; 139 post-visit). Of those, 283 (99.6%) had a visit clinic note and 280 (99%) completed the post-visit questionnaire. 64% of participants screened positive for UI in the past month. Results for the primary outcome analysis are shown in Table 1. Although UI discussion rates were not significantly different in the two groups in the entire study population, UI discussion rates were significantly increased in the pre-visit e-PAQ group for subgroups of older participants and participants with UI. Clinicians were significantly more likely to ask about UI in the group that completed the e-PAQ-PF prior to their visit than those who completed it after their visit for all participants, participants with UI and all age groups. (Table 2.) When participants reported UI discussion, clinicians initiated discussion 53% of the time in the pre-visit group compared to 19% in the post-visit group.

Table 1.

UI Mention Clinic Note	Pre-visit	n	Post-visit	n	p-value
All Participants	26%	37	18%	25	0.12
Ages 40 - 60yrs	24%	24	22%	20	0.8
Ages ≥ 60 yrs	30%	13	10%	5	0.02
Participants with UI	39%	36	23%	20	0.02
Ages 40 - 60yrs	37%	23	28%	15	0.31
Ages ≥ 60yrs	43%	13	15%	5	0.01

Table 2.

MD/NP asked about UI	Pre-visit	n	Post-visit	n	p-value
All Participants	16%	23	4%	6	0.001
Ages 40 - 60yrs	18%	17	7%	6	0.02
Ages ≥ 60yrs	14%	6	0%	0	0.007
With UI	22%	20	6%	5	0.002
Reported UI Discussed	53%	23	19%	6	0.003

Interpretation of results

Use of the e-PAQ-PF prior to the visit appeared to increase rates of UI discussion compared to standard clinic procedures. In particular, clinicians were much more likely to initiate a discussion about UI.

Concluding message

Having women fill out the e-PAQ-PF prior to their primary care appointment and giving the results to the primary care clinician and patient appears to increase discussion rates of UI.

References

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