

Influence of different recruitment methods on patient characteristics in a study on treatment of urinary incontinence in women

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INTRODUCTION

We recently conducted a randomized controlled trial to assess the non-inferiority of app-based treatment compared to usual care in women with urinary incontinence.¹

In this trial we experienced problems with recruitment through GPs. We therefore decided to expand recruitment to include the media, including social media.

We do not know if this introduced sampling bias that could have limited the generalizability of our outcomes.

AIM

To assess the impact of recruitment strategy on the baseline characteristics of patients.

METHODS

Design: A cross-sectional analysis of baseline data from an RCT.

Recruitment:

- July 2015 to November 2017 through GPs only, including both incident and prevalent (i.e., non-incident) cases.
- November 2017 to June 2018, recruitment was done via both GPs and (social) media.

Outcomes:

- Medical and gynecological history
- Physical examination to assess pelvic floor activity and prolapse
- Impact of incontinence symptoms
- Quality of life
- Disease-specific quality of life
- Impact of incontinence on sexual functioning

Analyses:

Univariate comparisons with Bonferroni correction.

RESULTS

256 of 262 randomized women had complete baseline data and were included.

Of these, 120 were incident cases, 28 prevalent cases and 108 were recruited through (social) media.

Recruitment through 89 GPs: 4 participants per month.

Recruitment through media: 14 participants per month.

Univariate comparisons for all outcomes (n=25) only showed a difference in age (F=9.0, df =2, p<0.001).

Post-hoc analyses showed that patients recruited through (social) media were significantly older (6.1 years, 95% CI 2.5–9.7) than incident cases recruited through a GP.

CONCLUSION

Recruitment through (social) media can be a good alternative to recruitment through GPs.

-comparable samples

-higher inclusion rate

This may be especially relevant for research on eHealth treatment for conditions with which patients experience barriers when seeking healthcare.

1. Loohuis AMM, Wessels NJ, Jellema P, Vermeulen KM, Sliker-Ten Hove MC, van Gemert-Pijnen JEW, Berger MY, Dekker JH, Blanker MH. The impact of a mobile application-based treatment for urinary incontinence in adult women: Design of a mixed-methods randomized controlled trial in a primary care setting. *Neurourol Urodyn*. 2018 Sep;37(7):2167-2176.