

Title: The 2011 State-of-the-Science Seminar: *Improving pelvic floor muscle training adherence strategies: from theory to practice*

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Abstract :

Context: From August 26 to 27 as part of the 2011 International Continence Society (ICS) meeting in Glasgow, a State-of-the-Science Seminar entitled *Improving pelvic floor muscle training adherence strategies: from theory to practice* was organised by members of the scientific subcommittee of the ICS Physiotherapy Committee (Dr Helena Frawley, Dr Doreen McClurg and Dr Chantale Dumoulin) with support from the ICS.

Objectives: The objectives of the seminar were to 1. summarise the available evidence on PFMT adherence and 2. provide recommendations for clinical practice and research.

Methods: The seminar was specifically designed to align with the National Institutes of Health Consensus Development Program's recommendations on State-of-the-Science Seminar methodology.

Results: Few empirical studies were found. Three years later and supplemented with additional research by a subcommittee (Jean Hay Smith, Doreen Mc Clurg, Helena Frawley, Sarah Dean and Chantale Dumoulin), four manuscripts and a consensus statement were completed. Three review papers summarised:

1. 12 behavioural frameworks relevant to theoretical development of PFMT adherence interventions and strategies (Paper I);
2. adherence measurement, determinants and interventions from quantitative studies in population with different UI dysfunctions (Paper II);
3. six potential adherence modifiers worthy of investigation (Paper III).

Another paper, (Paper IV) reported findings from the State-of-the-Science Seminar online survey. It found patient-related factors were the biggest adherence barrier to PFMT adherence. Health professionals and the public though the most important facilitators were patient-related and therapy-related respectively.

Finally a 5th and last paper, (Paper V) in a **Consensus Statement** format provided recommendations to clinicians and researchers.

Conclusion: Adherence is central to short- and longer-term PFMT effect. More attention and explicit reporting is needed regarding: 1) applying health behaviour theory in PFMT programme planning; 2) identifying adherence determinants; 3) developing and implementing interventions targeting known adherence determinants; 4) using patient-centred approaches to evaluate adherence barriers and facilitators; 5) measuring adherence, including refining and testing instruments; and 6) testing the association between adherence and PFMT outcome.