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## ARE INCONTINENCE GUIDELINES USEFUL APPLICABLE TOOLS OR MERE SCIENTIFIC APPROACH TO THE PROBLEM?

### Hypothesis / aims of study

We urologist an gynecologist usually affirm if asked we all follow women incontinence guidelines recommendations including primary care attention (1). We are not sure if this is always really true or even feasible so the aims of this study are:

1. Confirming the knowledge and implantation of guidelines in a primary care health area
2. Evaluating the figure of the " incontinence benchmark" in primary care attention (family doctor, midwife or nurse)
3. Confirming that women incontinence guidelines are useful and applicable tools in an concrete Spanish area
4. Stablishing a way of working based on education, support and communication between primary care and specialized attention
5. Confirming that a correct and full application of guidelines guides to a better attention to incontinence women

### Study design, materials and methods

This is a prospective study developed in three parts

1. Organizing patients circuits in specialized attention between urology a gynecology
  - comun anamnesis, voiding diary and questionnaires
  - urodynamic criteria
  - surgery indications and procedures
  - medical treatments, second line options criteria
  - Analysis of our health area and primary care resources
2. Explanation of the plan at all the primary care centres of the area (12). Including:
  - **EDUCATION** on incontinence guidelines
  - detailed explanation of patient circuits
  - comun documentation: clinical ananesis, voiding diary, questionnaires and criteria and documentation required to send the patient for socialized management
  - selection of benchmark in incontinence
  - specialized **SUPPORT** on incontinence
  - Agile **COMUNICATION** between professionals (corporative email tool)
3. Practical implantation in three centres in order to identify mistakes and correct them
  - select of suitable incontinence brenchmark in each centre
  - practical educational course (voiding diary, questionnaires, treatment options, data collection)
  - correction of local issues regarding everyday work (medical treatment indication when the brenchmark selected was a nurse)

### Results

It took one year and a half to explain the plan and perform educational courses in all primary care centres (12 centres, population 430.000)

We found almost one different interpretation of guidelines in each centre

No centre had a local or general protocol for incontinent women (there were for diabetes, healthy child, prostate cancer, BPH or family planning) neither had an incontinence benchmark

After six months of working with protocol:

- In all the centres 100% of urinary incontinent women were attended following protocol by the

	N	UUI	MUI	SUI	VD G/U	IClq	Antim	PFE	PFE+A	SPEC
<b>Centre 1</b>	22	3 13.6%	14 63.63%	5 22.7%	22/13 59.09%	21 95.45%	0	10 45.45%	11 50%	2 9.10%
<b>Centre 2</b>	18	0	9 50%	6 33,33%	18/7 38,88%	16 88.88%	0	5 31.25%	4 25%	2 10.52%
<b>Centre 3</b>	14	2 14.28%	7 50%	5 35.71%	14/7 50%	12 85.71%	3 21,42%	5 35.71%	5 35.71%	1 7.14%

N: number of patients; VD: voiding diary; G/U: given /useful for diagnosis; Antim: antimuscarinic therapy; PFE: Pelvic floor exercises; Spec: Patient sent for specialized management;

incontinence brenchmark (family doctor, nurse or midwife)

- Differents types or incontinence are shown in table I
- All patients received voiding diary for diagnosis purpose
- Between 38.88%-59.09% of all the patients were able to complete an useful VD following primary care attention professionals indications. 85.71% to 95.95% completed IClq questionnaire
- 100% of patients with SUI followed PFE therapy and 100% of UUI and 52.19% of MUI antimuscarinic therapy with PFE
- Only 7.14% to 10.52% of patients were sent for specialized management. 80% of them were sent for surgery evaluation. 20% were sent for second line treatment on UUI

### Interpretation of results

1. Despite known, guidelines are seldom used or applied at primary care attention centre (2)
2. A correct application of guidelines is possible
3. A correct application of guidelines requires time and a close collaboration between urologist, gynaecologists, nurses and primary care physicians based on education, support and communication
4. Really lot of work can be done in primary care when they are adequately supported by specialists. Only 10% of patients were sent to specialized management and 90% of sent were for surgical treatment
5. If well done correct application of guidelines drive to a great satisfaction of patients, and health professionals

### Concluding message

Clinical guidelines are useful when implanted, the only problem is that they are not automimplantable and it takes a lot of work a rational implantation of a single guideline.

Once implanted you get a lot of rational work done on incontinence patients at primary care attention and a really high satisfaction of patients and professionals involved

We are sure now this is the correct way of working on incontinence

### References

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### Disclosures

**Funding:** None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** This an study based on usual medical practice on incontinence. NO medication or new treatment is tested **Helsinki:** Yes **Informed Consent:** Yes