

Start	End	Topic	Speakers
13:30	13:35	Introduction	Eva Samuelsson
13:35	14:00	From cool tool to evidence based eHealth	Anne Loohuis
14:00	14:20	From research to implementation of eHealth	Eva Samuelsson
14:20	14:35	How do women describe their experiences of internet and app treatment?	Ina Asklund
14:35	14:45	What is already there? A survey of available apps.	Marco Blanker
14:45	15:00	Discussion	All

Aims of course/workshop

The aim of the workshop is to give an overview of eHealth solutions with focus on mobile applications for treatment of pelvic floor disorders. Furthermore, we aim to discuss research methods and implementation of eHealth. The discussion will focus on possibilities and difficulties that may occur during study and implementation period with examples from our own research. The workshop will be interactive and we ask participants to bring their smartphones, iPads or PC tablets to the workshop.

Learning Objectives

After this workshop participants should be able to:

1. eHealth for pelvic floor disorders has the potential to increase access to care and empower patients.
2. It is important for patients and caregivers to know if Health Apps are effective before use
3. Study methods, possibilities for data collection and patient monitoring in eHealth trial differ from trials in other fields. There are also certain difficulties with eHealth trials.

Learning Outcomes

1. To recognize women's experiences from internet and app treatment of urinary incontinence
2. To identify the difficulties in quality assessment of existing mobile apps for pelvic floor disorders
3. To identify possibilities and difficulties with eHealth trials and implementation of mHealth (mobile technologies)

Target Audience

Urologists, Gynaecologists, General Practitioners, Continence advisors, Physiotherapists, Nurses, Researchers

Advanced/Basic

Basic

Conditions for learning

Interactive moments (bring your smartphone, laptop, PC tablet, iPad)

Suggested Reading

- Eysenbach G. What is e-health? J Med Int Research. 2001;3(2):e20
- WHO report: From innovation to implementation. eHealth in the WHO European region. WHO 2016 http://www.euro.who.int/_data/assets/pdf_file/0012/302331/From-Innovation-to-Implementation-eHealth-Report-EU.pdf
- Liu JL, Wyatt JC. The case for randomized controlled trials to assess the impact of clinical information systems. Am Med Inform Assoc. 2011;18(2):173-80)
- Vallespin B, Cornet J, Kotzeva A. Ensuring evidence-based safe and effective mHealth applications. Stud Health Technol Inform.2016; 222:248-61.
- Björk AB, Sjöström M, Johansson EE, Samuelsson E, Umefjord G. Women's Experiences of Internet-Based or Postal Treatment for Stress Urinary Incontinence: Qual Health Res. 2014; Apr;24(4):484-93
- Pepper J et al. Usage results of a mobile app for managing urinary incontinence. J Urol. 2015 Apr; 193(4):1292-7.

Eva Samuelsson

From research to implementation

eHealth is the transfer of health resources and health care by electronic means. mHealth is the use of mobile technologies to support health information and medical practices (1). It is a challenge for every country to deliver high quality, effective and safe care at an affordable cost. Health apps and medical apps provide new possibilities. The four most common barriers for implementation of mHealth in Europe found in 2015 (1) were funding, cost-effectiveness, legal issues and priorities. Only 23% of EU member states have an entity that is responsible for the regulatory oversight of the quality, safety and reliability of mHealth applications.

When a medical app is released for free use we do not know if it will be used in the way the developer expected. Mobile applications bring new opportunities to follow the use and the result of treatment and we will give you examples of this from our own research.

Within the eContinece project, we developed the medical app Tåt® for first-line treatment of stress urinary incontinence (SUI). The app has information about SUI and features a pelvic floor muscle-training programme along with reminders and user statistics. We demonstrated its efficacy for symptom severity (ICIQ-UI SF) and disease specific quality of life (ICIQ-LUTS qol) in a randomised controlled study (RCT) that included 123 women with SUI ≥ 1 /week (2).

During the workshop we will demonstrate different methods of collecting data after release of the app for free. We will discuss the results from the implementation study; the improvements in symptom severity were clinically relevant even in an unselected population and app treatment seem to be an easily accessible and effective first line treatment for stress urinary incontinence.

Take home message

mHealth gives new possibilities to collect data. Treatment of SUI with the support of an app gives improvements that are clinically relevant even in an unselected population

1. From innovation to implementation. eHealth in the WHO European region. WHO 2016 http://www.euro.who.int/data/assets/pdf_file/0012/302331/From-Innovation-to-Implementation-eHealth-Report-EU.pdf
2. Asklund I, Nyström E, Sjöström M, Umefjord G, Stenlund H, Samuelsson E. Treatment of stress urinary incontinence via a smartphone application: a randomized controlled trial. Paper presented at the ICS congress; 2015 Oct 6-9; Montreal, Canada.

Anne Loohuis

From cool tool to evidence based medicine (study design)

- Which methods are appropriate for the studies on the effects of eHealth interventions?
- Do methods differ from standard RCT methodology?
- The app URinControl

As Eysenbach already said in 2001: eHealth is an emerging field in the intersection of medical informatics, public health and business (1). Also in pelvic floor disorders, there are many applications available to inform, monitor and treat patients and to support care-providers in everyday practice. The possibilities seem endless and the development of new applications is moving fast. Development is important, however, it is equally important to evaluate these new applications. Before using it in daily practice, we need to be sure of the applications effectiveness, cost-effectiveness and patients- and caregivers preferences and experiences. It is important to ensure the quality of the eHealth application is equally or better compared to standard care. Furthermore, we need to have input from patients and caregivers to prepare successful implementation. Therefore, we need to do research.

Since eHealth is an emerging field, there is no golden standard for a research design to evaluate a new application. Which methods are appropriate to study eHealth interventions? Do methods differ from other interventions? According to the 'Centre of Evidence-Based Medicine' (<http://www.cebm.net/>) the highest level of evidence can be found by using a randomized controlled trial. However, there are some pro's and cons for using a RCT in eHealth-research (2).

In this workshop, we will discuss the use of a RCT and good alternatives. We will use an example of our own, the URinControl-App, an app for the treatment of urinary incontinence in adult women in general practice. With this example we will consider different research designs and their pros and cons. There is room for questions and attendees of the workshop can bring their own ideas or applications to the table to discuss the best design with the room.

Take home message

There is no golden standard for a research design to evaluate a new application

- (1) Eysenbach G. What is e-health? *J Med Internet Res.* 2001;3(2):e20

Liu JL, Wyatt JC. The case for randomized controlled trials to assess the impact of clinical information systems. *Am Med Inform Assoc.* 2011;18(2):173-80)

Ina Asklund

How do women describe their experiences of internet and app treatment?

A qualitative study about internet-based treatment of SUI

250 women with SUI were randomized to treatment via internet or via a brochure. There was no face-to-face contact during the study. After 3 months, both groups had improved significantly regarding symptoms (ICIQ-UI SF) and disease specific quality of life (ICIQ-LUTS qol) (1). 21 women were then interviewed about their experiences of the treatments. The experiences were categorized into three main categories:

1. "Hidden but present" – life with incontinence

Adjustments in everyday life, lack of knowledge about treatments available, guilt about not doing PFMT, not taken seriously, high barrier for seeking help.

2. "At a distance but close" – the relationship to the care provider

A relationship to the urotherapist, negative stress, helped motivation more in the Internet than in the brochure group.

3. "By myself but not alone" – the sense of empowerment

Increased knowledge and awareness led to empowerment.

To summarize, a core category was found: "Acknowledged but not exposed"

Women with incontinence might feel alone and exposed. Participating in a treatment made them feel acknowledged, supported and more in control.

A qualitative study about mobile app treatment of SUI

123 women with SUI were randomized to treatment with a mobile app or to a control group. After 3 months both groups were followed-up and the results showed that women using the app had improved significantly regarding symptom severity and QOL compared to the control group (2). 15 women in the app group were interviewed about their experiences. In the preliminary results the experiences are summarized in three main categories:

1. An effective and simple/easy treatment

The app was informative, it gave support, reminders and increased motivation to treatment.

2. New technique changes attitudes

App treatment gave a feeling that the problem was prioritized and less taboo.

3. Confident and capable to perform the treatment independently

Women felt competent to perform the treatment without face-to-face contact.

To summarize, women experienced the app treatment as an easily available, effective and modern treatment option that was possible to perform independently.

Conclusions from the two studies:

Qualitative studies are important to understand why and how a new treatment works. The interviews increase our understanding of how women experience treatment programmes via an app or the internet. This knowledge has led to improvements of the app and the internet programme and also helps us in the development of future treatment programmes.

Possibilities: Easily accessible and lower the barrier for health seeking. Smartphones and apps are part of everyday life. Reminders increase motivation.

Difficulties: How to keep the motivation up? How to support and confirm progress? How to give advice if the treatment doesn't work?

Take home message:

Treatment programs for SUI delivered via a mobile app or the internet are effective and appreciated. Women experience these treatment programs as easily accessible first-line options that can support and motivate them in their self-management of SUI.

1. Björk AB, Sjöström M, Johansson EE, Samuelsson E, Umefjord G. Women's Experiences of Internet-Based or Postal Treatment for Stress Urinary Incontinence. *Qual Health Res.* 2014 Apr;24(4):484-93

2. Asklund I, Nyström E, Sjöström M, Umefjord G, Stenlund H, Samuelsson E. Treatment of stress urinary incontinence via a smartphone application: a randomized controlled trial. Paper presented at the ICS congress; 2015 Oct 6-9; Montreal, Canada.

Marco Blanker

Survey of available Apps

We have searched the App store and Google Play for available apps, which can be used for the treatment of urinary incontinence. This search yielded 38 different Apps, mainly focussing on the treatment of UI in women.

For only one of these Apps we could find supportive publications in PubMed. We have sent all App-providers a short survey, in which we ask for the evidence base of the Apps, as well as information about the target population, available languages, and number of downloads.

During the workshop Marco Blanker will present the results of this survey and discuss the evidence base of available Apps.

1. Pepper J et al. Usage results of a mobile app for managing urinary incontinence.

J Urol. 2015 Apr;193(4):1292-7. doi: 10.1016/j.juro.2014.10.009

W 8 E-health in Pelvic Floor Disorders



While you are waiting for W 8 to start.....

1. Grab your phone, laptop, PC tablet or iPad
2. Go to www.menti.com
3. Enter the code 49 10 77 and vote

Eva Samuelsson



Affiliations to disclose[†]:

The name Tät (mobile application) and the logo Tät.nu are registered as Trademarks by The Swedish Patent and Registration office for E Samuelsson at Umeå university

† All financial ties (over the last year) that you may have with any business organisation with respect to the subjects mentioned during your presentation

Funding for speaker to attend:

- Self-funded
- Institution (non-industry) funded
- Sponsored by:



W8 E-health in Pelvic Floor Disorders

Eva Samuelsson, Sweden (chair)
Marco Blanker, the Netherlands
Anne Loohuis, the Netherlands
Ina Asklund, Sweden

eHealth and pelvic disorders WS 8

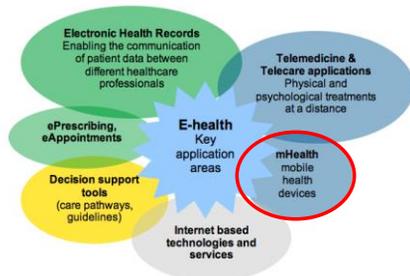


Schedule

- 13.30-13.35 Introduction Eva Samuelsson
- 13.35-14.10 From cool tool to evidence based eHealth (& survey of available apps)
Anne Loohuis and Marco Blanker
- 14.10-14.30 From research to implementation of eHealth
Eva Samuelsson
- 14.30-14.45 How do women describe their experiences of internet and app treatment?
Ina Asklund
- 14.45-15.00 Discussion



eHealth is the use of information and communication technologies (ICT) for health



Assembly of European Regions

mHealth and the use of smartphones



mHealth is the use of mobile technologies to support health information and medical practices

- More than 2 billion smartphone users globally in 2016- a quarter of the world
- Rapid growth in developing countries

Quiz 1



1. Go to www.menti.com
2. Enter the code 49 10 77 and vote

Have you ever recommended the internet or apps for patients with urinary incontinence?

- Yes, the internet or apps without specification
- Yes, specified websites or apps for information
- Yes, specified websites or apps for assessment (questionnaires or bladder diary)
- Yes, specified websites or apps for treatment
- No

Affiliations to disclose[†]:

University of Groningen, University Medical Center Groningen, Department of General practice, Groningen, The Netherlands 

ZonMw (government funding source) 

† All financial ties (over the last year) that you may have with any business organization with respect to the subjects mentioned during your presentation

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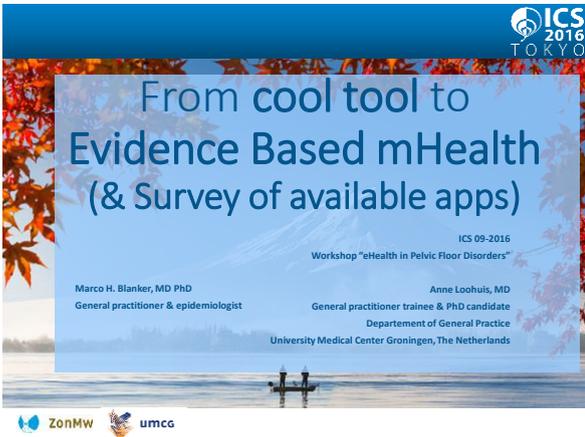
University of Groningen, University Medical Center Groningen, Department of General practice, Groningen, The Netherlands 

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“Cool tool”



It starts with
 a **healthcare problem**
 a **healthcare professional**
 and a **promising idea**



“Cool tool” 



Marijke Slieker- Ten Hove,
Pelvic Floor Physiotherapist
The Netherlands

Problem in daily practice Incontinence

- Help-seeking behaviour (shame)
- Instructions take time
- Adherence variable
- High costs



Promising idea

App “Bekkenbodem”
(= “pelvic floor”)



“Cool tool” 



Marijke **developed and implemented the App** in her own practice and online

After 3 years:

- 10.000-50.000 downloads
- Ratings of patients and professionals pretty good



Success story? 

“Cool tool” 

Success story?

How about

- Harms & benefits/ Effectiveness/ Costs/ Adherence/ Help-seeking behaviour/ Experiences
- Comparison to Usual Care

Definition of succes?

- Ratings/ Number of downloads/ Other parameters?

How to compare with other Apps?

- When is App A better than App B?

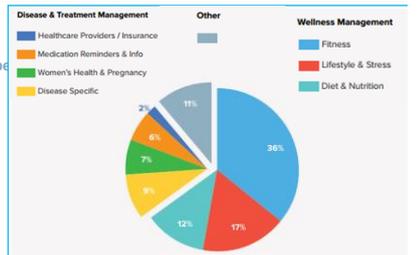


No evaluation → We just don't know

Other “Cool tools” 

Cool tools in all “shape”

- Information
- Diagnostic
- Monitoring
- Treatment



Cool tools available

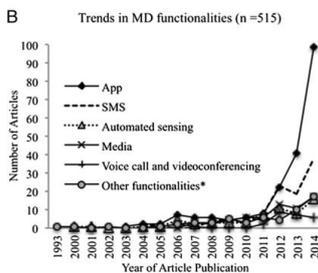
Total number of medical Apps (2015)

165.000

Patient Adoption of mHealth. Report by the IMS Institute for Healthcare Informatics. August 2015

Evolution of eHealth research 

Number of articles mHealth 1993- 2014:



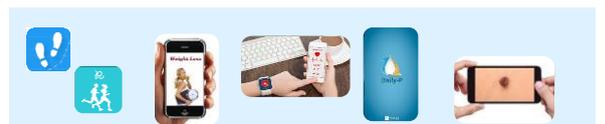
Evolution and current status of mhealth research: systematic review. Ali EE, et al. BMJ innov 2016;0:1-8.

Evolution of eHealth research 

300 Registered mHealth trials at clinicaltrials.gov (2015)

Versus 165.000 Medical Apps in 2015

Conclusion: No evidence of effectiveness for majority of medical apps



Survey of available apps



165.000 Medical Apps – only few scientific reports

What about Apps for Urinary Incontinence?

Survey

- Search
- Online questionnaire

Survey - search



App Store and Google Play

Search July 2016

- Hand search using Incontinence as main search term (English, German, Finnish, French, Norwegian, Polish, Portugese, Spanish, Swedish, and Turkish)
- “comparable Apps” and “other users also installed these apps” options
- Both stores searched in duplicate
- Results combined
- Contact person invited for online survey

Survey - questionnaire



Questionnaire

- Self-designed (no validated questionnaire available)
- Aim of app
- Development (e.g. involvement of patients and health care professionals; evidence base)

Survey – Results



131 different Apps

- 12 no contact information
- 119 invitations sent
 - 3 bounced (wrong e-mail)
 - 23 responses (8 not intended for prevention/treatment of UI)
- So results of 15 apps available (no statistics applied)

Survey – Results



Available languages

- | | |
|----|-----------|
| 13 | English |
| 4 | Spanish |
| 2 | Danish |
| | German |
| | French |
| | Portugese |
| | Swedish |
| 1 | Dutch |
| | Norwegian |
| | Russian |

Survey – Results



What is the intention of the App?

1 - Prevention of UI



8 - Treatment



6 - Prevention and treatment



Survey – Results 

Type of incontinence addressed in App

Urgency	Stress	Mixed
✓✓✓		
	✓✓	
		✓✓✓✓✓✓
		✓
✓		
	✓✓	

Survey – Results 

Content of Apps (n=15)

- 10/12 kegel
- 1/12 bladder training
- 1/12 dr Swann
- 1/12 hypopressive
- 1/12 other (not defined)

- Information about UI – 10
 - Graphics – 7
 - Pictures – 5
 - Animations – 9
- Exercises (treatment) – 10
- Exercises (prevention) – 9

Interactive 12/15

Survey – Results 

Development of content – which sources were used?

- Doctors / PT / patients (5)
- Scientific literature (4)
- Wikipedia / internet sources (3)
- Personal experience (2)
- ‘common knowledge’ (1)
- ‘alternative healing methods from all over the world’ (1)

Survey – Results 

Development of content – who were involved?

- Patients (7)
- PT (7)
- Urologist (5)
- (uro)Gynaecologist (4)
- GP/PCP (3)
- Software engineers (3)
- Other (psychiatrist, midwives, health care manager, psychologist) (all 1)
- “my family and I”

Survey – Results 

Development of content – validation study?

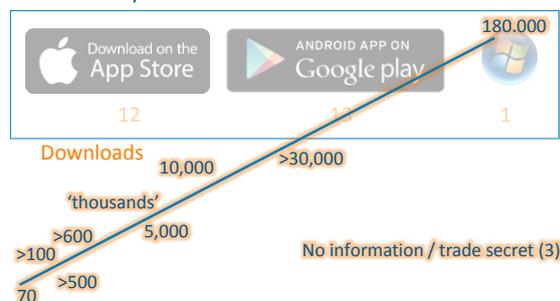
4: 3 with available data (abstract/full text publication)

Development of content – testing?

- No testing (4)
- Personal / inhouse (5)
- Patients (5, one planned)

Survey – Results 

Availability



Survey – Summary / conclusions 

Many apps available
Low response rate

Only few Apps with formal development phase, testing and piloting

Patients and PT involved in development of Apps

For only 3 studies, background information is available from the literature

Evolution of eHealth research 

300 Registered mHealth trials at clinicaltrials.gov (2015)
Versus 165.000 Medical Apps in 2015

Conclusion: No evidence of effectiveness for majority of medical apps

Problem?



Patient Adoption of mHealth. Report by the IMS Institute for Healthcare Informatics. August 2015

Reasons to perform Research in eHealth/mHealth 

Reasons to perform Research in eHealth/mHealth



Reasons to perform research 

Reasons to perform research/ evaluate eHealth technology



- Improve quality, utility and effectiveness** of eHealth intervention AND healthcare¹
- Evaluate safety** prevent harm^{1,2,3}
- Conserving resources**
Ineffective intervention: improve or stop¹
- Promote confidence of end users**
Higher confidence in quality → better uptake
- Engage stakeholders**
Improvement of quality & implementation

1) Health information technology: fallacies and sober realities. Karsh BT. *J Am Med Inform Assoc* 2010
2) Error software calculating risk Down's syndrome (falsely low risk for 150 women) Wilkinson P. *Times* 2000
3) Computer error leads to smear recalls failure. *Health Serv J* 1998
4) A holistic framework to improve the uptake and impact of ehealth technologies. Van Gemert-Pijnen JEW. *JMIR* 2011

How to perform Research in eHealth/mHealth 

How to perform Research in eHealth/mHealth



How to perform research 

Evaluating eHealth, different questions

- What do people feel about the application?
- How many people like it?
- What do people like about it?
- Performance (compared to)?
- Cost-effectiveness?
- Effect on outcome?
- How to improve?

The case for randomized controlled trials to assess the impact of clinical information systems. Liu JL, Wyatt CJ. *J Am Med Inform Assoc* 2011

How to perform research

Evaluating eHealth, different questions different methods

- Experimental designs/ Quasi-experimental designs
- Quantitative evaluation/ Qualitative evaluation



How to perform research

Where to start?

1. Research questions
2. Match study methods

Mixed methods evaluation is recommended

Our mixed methods evaluation →



URinControl-App Questions and methods

URinControl-App Questions and methods



URinControl- Study in progress

App for incontinence
versus
Usual Care (Dutch guidelines)



Developed by:

Department of General Practice, University Medical Center Groningen.
Janny Dekker, Marco Blanker, Anne Loohuis, Marjolein Berger

Institutes: University of Groningen, ZonMw (government funding), J.P. Boer foundation
Others involved: patients, healthcare professionals (e.g. Marijke Slieker), researchers, policy makers

Award winning research proposal (Prof. Huygenprijs)

URinControl- an example

App for incontinence
versus
Usual Care (Dutch guidelines)



Content:

All types of incontinence (urgency/stress/mixed)
Information, monitoring and treatment (PFMT and bladder training)
Animations, Reminders, Graphs, Pee-button, Games for distraction



URinControl- an example

App for incontinence
versus
Usual Care (Dutch guidelines)



Goals

1. Can App replace or complement usual care?
2. Prepare successful implementation
3. Optimize tool



Mixed methods study design

URinControl- an example 

From question (Q) to methods (M) (1):

Q: Can App replace standard care?

M: Pragmatic Randomized Controlled Trial

Goal: Create an evidence based tool that can be implemented in professional guidelines.

Q: How do patients make use of the app?

M: Logdata (attrition/ adherence)

Goal: to evaluate usage and improve tool



URinControl- an example 

From question (Q) to methods (M) (2):

Q: What are experiences of patients using the app?

M: Qualitative research (interviews/focusgroup sessions)

Goal: to understand usage and improve tool

Q: Can usage or patient experiences predict treatment success?

M: Combination of data from RCT, logdata and qualitative research

Goal: to evaluate success within subgroups and improve tool

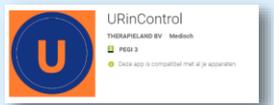
Q: What are preferences and experiences of caregivers?

M: Qualitative/ Semi-quantitative; survey/interviews/focus group sessions

Goal: to involve stakeholders and prepare implementation

URinControl- an example 

App for incontinence versus Usual Care (Dutch guidelines)





Take home messages

Status of research
Design article (with more details) will be submitted in 2016

Expected end of inclusion period trial: november 2017

Follow-up moments after 4 months and 12 months

Qualitative projects will be conducted in 2016/2017



Take home messages 

Take home messages

- Many Apps, little evidence
- mHealth research: Different questions/Different methods
 - Depends on goal App
 - Multimethod is recommended
- mHealth offers new possibilities for datacollection





Questions Discussion Experiences from the audience?



W8 From research to implementation of eHealth

Eva Samuelsson
General Practitioner, Associate professor
Department of Public Health and clinical
medicine, Umeå university, Sweden

Disposition

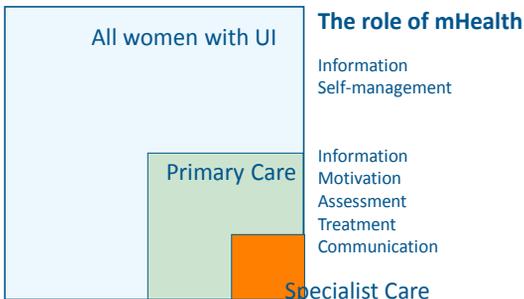
- eHealth and mHealth
 - In the population, in primary care and in specialist care
 - Examples of collecting data in mHealth studies
- The iDry® app
The Tāt® app
- RCT
 - Implementation study
- Take home messages



- Based on 2015 WHO global survey of eHealth
- It is a challenge for every country to deliver high quality, effective and safe care at an affordable cost
- The use of eHealth in different countries



- 165 000 Health apps
- Quality, safety and reliability?
 - Usability, functionality and meaningfulness?
 - The role of National health authorities
 - Evaluate
 - Regulate



App Study iDry®



Adult Urology
Usage Results of a Mobile App for Managing Urinary Incontinence

Jeff Pepper¹*, Amy Zhang¹, Rui Li¹, Xiao Hai Wang²



- Released nov 2012 as free download
- Document UI symptoms and improvement
- User data collected automatically -sent anonymously to the development team's servers

iDry®-user data



Users

1231 downloads in 19 months
878 entered data

- 50% used in one day
- 46% used it less than one month
- 3% used it more than one month

Mean age 50.8, Male 73%

Results

Short-term users reduced pad use
Bladder training positively correlated with a reduction in pad use and leakage amount

The eContinece project



Overall aim
to develop, evaluate, and implement treatment programmes for urinary incontinence via Internet, smartphone, and PC tablet applications

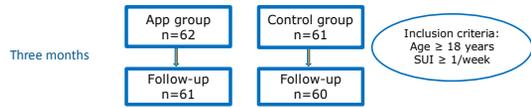
The app Tät®



information lifestyle exercises graphic support reminders



Results from RCT Tät® app



Outcome variable	Treatment group	Baseline n=123	Follow-up n=121	Between group p-value*
ICIQ-UI SF	App group	11.1 (3.0)	7.0 (3.5)	<0.001
	Control group	11.0 (2.6)	10.2 (3.2)	

*one way ANCOVA

The app; treatment of SUI



We demonstrated the **efficacy** for symptom severity in a randomised controlled study (RCT)*.

The app was released in Swedish for free in May 2015 with a questionnaire incorporated.

We conduct an implementation study; comparison of data from the users six months after release of the app with data from the RCT.

*Asklund I, Nyström E, Sjöström M, Umefjord G, Stenlund H, Samuelsson E. Mobile app for treatment of stress urinary incontinence-A randomised controlled trial. NeuroUrol Urodyn 2016. Published online September, 9, 2016

Price award to Ina Asklund; ICS congress 2015; Best abstract (conservative treatment)

Implementation of app (first six months)



Users in an unselected population were younger than in the RCT. Two-thirds of the users reported some urinary incontinence. The incontinence was overall less severe than in the RCT mean ICIQ UI-SF 8.7(SD 3.9)

216 of these had urinary leakage at baseline

Efficacy-effectiveness



App group (RCT) (n=61)

decrease in ICIQ UI-SF of **-3.2** (95%CI -4.3—-2.1)

Implementation group (n=216)

decrease in ICIQ UI-SF of **-2.63** (95%CI -1.9—-3.4)

Conclusion of the implementation study;
The app was effective even in an unselected
population of Swedish women.



Questions?

Take home messages



mHealth provides new possibilities to collect data

Different methods

- Automatically from app use
- Questionnaires* when downloaded
- Web questionnaires*
- Other possibilities

Possibility to study the use and effect after implementation
User security and validity of data

Treatment of SUI with the support of an app was effective even in an unselected Swedish population

*Uren AD et al. Psychometric equivalence of electronic and telephone completion of the ICIQ modules. NeuroUrol Urodyn 2016



- Your experiences of mHealth?
- Cultural differences?
- Does the health care system in your country facilitate and regulate the use of mHealth?

Ina Asklund

Affiliations to disclose[†]:

none

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How do women describe their experiences of internet and app treatment?

Ina Asklund

General practitioner

Department of Public Health and Clinical Medicine

Umeå University, Sweden

Why qualitative studies?



- Important to understand why and how a new treatment works.
- Can lead to improvements of the app and the internet programme.
- Can help in the development of future treatment programmes for other conditions.

Internet-based treatment of SUI



250 women randomized to treatment via internet or via a brochure

Follow-up after 3 months with questionnaires about symptom severity (ICIQ-UI SF) and quality of life (ICIQ-LUTSqol)

Results showed both groups had significant improvements

21 women were interviewed about their experiences of treatment

Sjöström M et al. Internet-based treatment of stress urinary incontinence: a randomised controlled study with focus on pelvic floor muscle training. BJU Int. 2013 Aug

Björk AB et al. Women's experiences of internet-based or postal treatment for stress urinary incontinence. Qual Health Res. 2014 Apr

Results from the interviews-internet



Hidden but present – life with incontinence

At a distance but close – the relationship to the care provider

By myself but not alone – the sense of empowerment

Acknowledged but not exposed

Conclusion: Women with incontinence might feel alone and exposed. Participating in a treatment made them feel acknowledged, supported and more in control.

Mobile app treatment of SUI



123 women randomized to treatment with a mobile app or to a control group

Follow-up after 3 months showed that women using the app had significant improvements compared to the control group.

15 women in the app group were interviewed about their experiences.



Asklund I, Nyström E, Sjöström M et al. Mobile app for treatment of stress urinary incontinence: A randomized controlled trial. NeuroUrol Urodyn. 2016 Sep

Results from the interviews-app



The app was an effective and easy treatment

New technique changed women's attitudes

Women felt confident and capable of self-treatment

"Yes, I think that's mainly it, it's easily accessible, it's right there and it's a constant reminder."

Conclusion: Women experienced the app as an easily accessible, effective and modern treatment option that supported and motivated them to self-manage their incontinence.

Conclusions



Treatment programs for SUI delivered via a mobile app or the internet are effective and appreciated.

Women experience these treatment programs as easily accessible first-line options that can support and motivate them in their self-management of SUI.



Possibilities



- Easily accessible and lower the barrier for health seeking
- Smartphones and apps are part of everyday life
- Reminders may increase motivation and adherence
- New technique changes attitudes

Difficulties



- How to keep the motivation up?
- How to support and confirm progress?
- How to give advice if the treatment doesn't work?

Quiz to the audience



Ways to keep the motivation up?

Games? Competition? Goal setting? Social networking? Reminders?

What would motivate you to perform PFMT regularly?

1. Individualized feedback about my training in my smartphone.
2. A training programme designed as a game.
3. Sharing my exercise statistics with my friends and compete with them.
4. Having regular appointments with a health-care professional.



Thank you!