Physiotherapy works ✓

Urinary Incontinence

Physiotherapy for women with Urinary Incontinence is highly clinically effective and cost effective

What is Urinary Incontinence?

Urinary Incontinence (UI) is 'the complaint of any involuntary loss of urine'. The most common form is stress UI, which is loss of urine on effort or physical exertion (e.g. sporting activities) or on coughing or sneezing.[2]

UI is distressing and socially disruptive. It may be the cause of personal health and hygiene problems. It may restrict employment and educational or leisure opportunities.[3] UI substantially increases the risk of hospitalisation and admission to a nursing home.[4] It is widely understood that UI is a sensitive health issue and many women delay treatment for many years due to embarrassment or shame. Women may believe that UI is inevitable after childbirth or with advancing age and may not be aware of treatment options.[5]

Physiotherapy is clinically effective

- Training and strengthening the pelvic floor muscles (the muscles that support the bladder and urethra) is recommended as first-line management for women with stress, urge or a mixture of stress and urge urinary incontinence.[3]
- It is also recommended that it should also be offered to women in their first pregnancy as a preventive strategy for UI.
- Physiotherapists give advice[6], to women with UI, on key public health messages that improve lifestyle and wellbeing including; weight loss, reduction of caffeine / fluid intake, cessation of smoking and an increase in physical exercise.

The cost of Urinary Incontinence

£

- The high prevalence of UI results in a high overall cost of treatment. The annual cost to the NHS for community dwelling women in 2000 was estimated as **£233 million** with a further **£178 million** borne by individuals for self management. [1]

Physiotherapy is cost effective

An economic evaluation comparing pelvic floor muscle training to Duloxetine, a drug used to treat UI, showed that the pelvic floor training 'dominated' Duloxetine, being cheaper and more clinically effective.[7]

A recent health technology assessment reviewed the clinical evidence and modelled several non-surgical strategies. The results showed that more intensive pelvic floor muscle training, for example by delivering extra sessions (more than two per month), plus lifestyle changes was the most clinical and cost effective first line strategy.[8] This combination had a very high probability of having a cost per QALY * significantly below the level usually considered to be affordable in the NHS (about £20,000 to £30,000 per QALY).[9]

A study evaluated the clinical effectiveness and costs of physiotherapy sessions in a group compared with the same sessions delivered to individuals. The group sessions had comparable health outcomes and notably lower costs (£8 compared to £53 per patient).[10]

Self referral project

Self referral (SR) is a system of access that allows the patient to refer themselves directly to a physiotherapist without being referred by another health professional. A recent project evaluating the benefit of SR for women with bladder or pelvic floor problems was shown to:

- Deliver a more responsive service with wider access
- Empower service users and achieve greater levels of attendance
- Be well accepted by service users, who reported high levels of satisfaction.[11]

The greater access provided by SR is in line with current health policy, with SR included as a requirement in the service specification for the Any Qualified Provider national implementation pack for continence services.

Size of the problem

- It has been estimated that UI affects **20.4%** of people aged 40 years and over, equivalent to 5 million people in the UK, although not all may need or want help.[12] In women this figure increases to **35.6%** at age 80 and over.
- **50%** of women reporting incontinence were moderately or greatly bothered by it
- **27%** were unwilling to go to places where they were unsure about the availability of toilets
- **31%** dressed differently because of the problem
- **23%** said it affected their sex life
- **23%** said it reduced their activity levels
- **25%** described feelings of frustration and/or embarrassment.[12]

Conclusion

UI has a major impact on quality of life and affects a significant number of women. Contact with a physiotherapist offers both recommended first line treatment for UI and health promotion and prevention strategies, and has been proven to be both clinically and cost effective.

Further information

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*QALY = Quality Adjusted Life Year - meaning an extra year of healthy life expectancy

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